

# 2019-2020 Monthly Income and Expense Form Parent

**Student Name**

**LMU ID**

Complete this form with parent monthly income and expenses as of today. Income and expenses should be reported for the parents whose information was provided on the 2019-2020 Free Application for Federal Student Aid. Use averages if necessary. **If an item is zero or non-applicable indicate "0," do not leave any answer blank.** Please return this form to the LMU Financial Aid Office. The income listed should meet or exceed your expenses. **If your expenses exceed your income, please provide a detailed explanation in a separate letter attached to this form.**

## Current Monthly Income

<b>Source</b>	<b>Amount</b>
<i>Taxable Income</i>	
Wages, Salaries, Tips, etc.	\$ _____
Tax exempt Interest	\$ _____
Dividends	\$ _____
Refunds of State and Local Taxes	\$ _____
Alimony Received	\$ _____
Business Income or Loss	\$ _____
Other Gains or Losses	\$ _____
IRA Distribution	\$ _____
Pensions and Annuities	\$ _____
Rents, Royalties, Partnerships, Estates, Trusts, etc.	\$ _____
Farm Income or Loss	\$ _____
Unemployment Compensation	\$ _____
Social Security Benefits	\$ _____
Other Taxable Income:	\$ _____
	\$ _____
	\$ _____
<b>Total Taxable Income</b>	<b>\$ _____</b>

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## Current Monthly Income *(continued)*

Source	Amount
<i>Untaxable Income</i>	
Personal Loans	\$ _____
Non-Court Ordered Spousal Support	\$ _____
Child Support	\$ _____
Temporary Assistance for Needy Families (TANF)	\$ _____
Using Savings to Meet Expenses	\$ _____
Other Untaxed Income:	\$ _____
	\$ _____
	\$ <input type="text"/>
<b>Total Untaxable Income</b>	\$ _____
<b>TOTAL INCOME</b>	\$ _____

Print Parent 1 Name

Print Parent 2 Name

Do you share living expenses with others?  Yes  No

Do you receive a housing subsidy? If yes, please list type and amount here:  Yes  No

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**Student Name**  **LMU ID**

### Current Academic Year Expenses

<b>Type of Expense</b>	<b>Monthly Expense</b>	<b>Annual Projected Expense</b>
1. Rent or mortgage payment(the portion for which you are responsible) :	\$ _____	\$ _____
2. Utilities (gas, electricity, water, phone, etc.) :	\$ _____	\$ _____
3. Insurance Payments (auto, medical/dental, home, etc.) :	\$ _____	\$ _____
4. Food/household supplies :	\$ _____	\$ _____
5. Credit Card Payments :	\$ _____	\$ _____
6. Transportation ( car payments, gas, repairs, public transit) :	\$ _____	\$ _____
7. Medical/Dental Out of Pocket :	\$ _____	\$ _____
8. Private Elementary/Secondary School Tuition :	\$ _____	\$ _____
9. Educational Loan Payments (PLUS, Stafford, etc) :	\$ _____	\$ _____
10. Car Payments :	\$ _____	\$ _____
11. Recreation :	\$ _____	\$ _____
12. Other(specify): <input style="width: 300px; height: 20px;" type="text"/>	\$ _____	\$ _____
<b>Total Expenses: \$</b>	<b>\$</b> _____	<b>\$</b> _____

**Certification :** I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED IS TRUE, COMPLETE AND ACCURATE. FALSE STATEMENTS OR MISREPRESENTATIONS WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL AND/OR REPAYMENT OF FINANCIAL AID.

Print Parent 1 Name

Parent 1 Signature \_\_\_\_\_

Date

Print Parent 2 Name

Parent 2 Signature \_\_\_\_\_

Date

**How to Submit this Form:**

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at [financialaid.lmu.edu/upload](http://financialaid.lmu.edu/upload)

**Mail: LMU Financial Aid Office  
1 LMU Drive, Suite 270  
Los Angeles, CA 90045**

**Phone: 310.338.2753  
Fax: 310.338.2793**

For Office Use Only:  
RRAAREQ - EXP at C  
Nolij - Parent Projected Year  
Income Form

FAO Staff initial \_\_\_\_\_  
Date: \_\_\_\_\_