



# 2021-2022 Monthly Income and Expense Form Parent

Please use black or blue ink while filling out this form.

Student Name

LMU ID

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Complete this form with parent monthly income and expenses as of today. Income and expenses should be reported for the parent(s) whose information was provided on the Free Application for Federal Student Aid (FAFSA). 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 LMU Financial Aid. 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

**Source**

**Amount**

*Taxable Income*

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:

\$ \_\_\_\_\_

**Total Taxable Income**

\$ \_\_\_\_\_



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## Current Monthly Income *(continued)*

**Source**

**Amount**

*Untaxable Income*

Personal Loans

\$ \_\_\_\_\_

Non-Court Ordered Spousal Support

\$ \_\_\_\_\_

Child Support

\$ \_\_\_\_\_

Temporary Assistance for Needy Families (TANF)

\$ \_\_\_\_\_

Using Savings to Meet Expenses

\$ \_\_\_\_\_

Other Untaxed Income:

\$ \_\_\_\_\_

Total Untaxable Income

\$ \_\_\_\_\_

**TOTAL INCOME**

\$ \_\_\_\_\_

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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### Current Academic Year Expenses

Type of Expense	Monthly Expense	Annual Projected Expense
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 type="text"/>	\$ _____	\$ _____
<b>Total Expenses:</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

**Print Form**

**Mail: LMU Financial Aid  
1 LMU Drive, Suite 270  
Los Angeles, CA90045**

**Phone: 310.338.2753  
Fax: 310.338.2793**

### 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)

For Office Use Only:  
RRAAREQ - EXP at C  
Etrieve - Parent Projected  
Income Form  
FAO Staff initial \_\_\_\_\_  
Date: \_\_\_\_\_