



2021-2022 Monthly Income and Expense Form Student

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

Student Name

LMU ID

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Complete this form with your monthly income and expenses as of today. 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

\$ _____

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"/>	\$ _____	\$ _____
Total Expenses :	\$ _____	\$ _____

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.

Student Signature _____ Date

Print Spouse's Name (If Applicable)

Spouse's 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

Print Form

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

Phone: **310.338.2753**
Fax: **310.338.2793**

For Office Use Only:
RRAAREQ - SEXP at C
Etrieve - Projected
Income Form

FAO Staff Initial _____
Date: _____