



Parent
2023-2024 Monthly Income and Expense Form

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

Student Name

LMU ID

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
<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:	\$ _____
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"/>	\$ _____	\$ _____
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.

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, CA 90045**

**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

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

FAO Staff initial _____
Date: _____