



Student
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 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
<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:	\$ _____
Total Taxable Income	\$ _____



Student
2023-2024 Monthly Income and Expense Form

Student Name

LMU ID

--	--	--	--	--	--	--	--	--	--

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	\$ _____

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



Student 2023-2024 Monthly Income and Expense Form

Student Name

LMU ID

--	--	--	--	--	--	--	--	--	--

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

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

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

FAO Staff Initial _____
Date: _____