



2020-2021 Monthly Income and Expense Form Parent

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 2020-2021 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

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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Student Name

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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"/>	\$ _____	\$ _____
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

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

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

**Phone: 310.338.2753
Fax: 310.338.2793**

<p>For Office Use Only: RRAAREQ - EXP at C Etrieve - Parent Projected Year Income Form</p> <p>FAO Staff initial _____ Date: _____</p>
