



2020-2021 Monthly Income and Expense Form Student

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 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
<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	\$ _____



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Student Name

LMU ID

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.

Print Father's Name

Father's Signature _____

Date

Print Mother's Name

Mother'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

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

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

For Office Use Only:
RRAAREQ - SEXP at C
Etrieve - Projected Year
Income
FAO Staff Initial _____
Date: _____