



## INCOME AND EXPENSE FORM

(To be completed for the academic year for which the grant is requested - Please print or download form to complete)

### MONTHLY INCOME (deduct taxes only)

- a. Salary: Applicant \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_
- b. Financial Aid (actual per month)
  - Scholarships/ Grants (please list by name on second page) \$ \_\_\_\_\_
  - Educational Loans \$ \_\_\_\_\_
- c. Child Support/Alimony \$ \_\_\_\_\_
- d. State or U.S. Government Assistance (please list source on second page) \$ \_\_\_\_\_
- e. Food Stamps \$ \_\_\_\_\_
- f. Monthly Income from Savings/Interest/Dividends \$ \_\_\_\_\_
- g. Other Sources of Income (please identify) \$ \_\_\_\_\_
- Total Monthly Income** \$ \_\_\_\_\_

### ADDITIONAL INFORMATION

- h. Total in Savings Accounts \$ \_\_\_\_\_
- i. Total in Investments \$ \_\_\_\_\_
- j. Past Educational Loan Debt \$ \_\_\_\_\_
- k. Total Balance of Other Indebtedness (e.g., Mortgage, credit cards, loans, etc. – please specify) \$ \_\_\_\_\_
- l. Number of People in Household \_\_\_\_\_
- m. Ages of Children (if applicable) \_\_\_\_\_

### MONTHLY LIVING EXPENSES

- n. Rent Payment \$ \_\_\_\_\_
- o. Mortgage Payment \$ \_\_\_\_\_
- p. Food/Groceries (if applicable, please include Food Stamps) \$ \_\_\_\_\_
- q. Utilities \$ \_\_\_\_\_
- r. Clothing \$ \_\_\_\_\_
- s. Telephone \$ \_\_\_\_\_
- t. Medical/Dental \$ \_\_\_\_\_
- u. Automobile
  - Monthly Payment \$ \_\_\_\_\_
  - Expenses (non-educational) \$ \_\_\_\_\_
  - Insurance \$ \_\_\_\_\_
- v. Loan/Credit card Payments (please list) \$ \_\_\_\_\_
- w. Other Insurance (e.g., health, life) \$ \_\_\_\_\_
- x. Childcare (not related to education) \$ \_\_\_\_\_
- y. Other Expenses (please list) \$ \_\_\_\_\_
- A. Total Monthly Living Expenses** \$ \_\_\_\_\_

