



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** \$ _____

