2020-2021 Parent Monthly Income and Expense Statement

Name:________________________________________________________ Alt ID:__________________

Section I: Monthly Living Expenses

**Parent:** Next to each item, fill in the dollar amount of your average monthly living expenses. If you share living expenses with others, indicate only that portion of the expenses which you pay. If an expense occurs other than monthly, please convert it to a monthly average. Report only your living expenses. Fill in all items. If an item does not apply, indicate this by writing “N/A”.

Do you share living expenses with others?  □ Yes  □ No

If yes, with whom? ______________________________________________________________________________

Do you pay rent?  □ Yes  □ No

Do you have a mortgage payment?  □ Yes  □ No

If you pay neither rent nor a mortgage payment, please explain: ___________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Living Expenses that YOU Pay:

1. Housing- rent or mortgage
   Average amount per month in 2018: $__________________

2. Food and household supplies
   $__________________

3. Utilities (gas, electric, phone, water, heating )
   $__________________

4. Gasoline and auto maintenance
   $__________________

5. Public Transportation
   $__________________

6. Medical/health expenses not covered by insurance
   $__________________

7. Insurance (home, car, health, life, etc.)
   $__________________

8. Car payment A. Make _________; Year__________
   Average amount per month in 2018: $__________________
   Average amount per month in 2019: $__________________

   B. Make_________; Year__________
   $__________________
   $__________________

9. Other:_____________________________________
   $__________________

10. Other:_____________________________________
    $__________________

11. Other:_____________________________________
    $__________________

   **Total monthly living expenses:** $__________________

Page 1 of 2
Section II: Sources of Income

Please list all sources of income that are used to meet the living expenses you listed in Section I. (Total monthly income should equal or exceed total monthly living expenses. If not, please explain in Section III.)

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Average amount per month in 2018:</th>
<th>Average amount per month in 2019:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent wages/salaries</td>
<td>$_______________________</td>
<td>$_______________________</td>
</tr>
<tr>
<td>2. Income from businesses</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>3. Child support</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>4. Housing support (military, clergy, etc.)</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>5. Social Security benefits</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>6. Supplemental Nutrition Assistance Program (SNAP)</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>7. Support from family members</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>9. Temporary Assistance to Needy Families (TANF)</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>10. Unemployment benefits</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>11. Veterans Benefits</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>12. Other:</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>13. Other:</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>14. Other:</td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
<tr>
<td><strong>Total monthly income:</strong></td>
<td>$_____________________________</td>
<td>$_____________________________</td>
</tr>
</tbody>
</table>

Section III: Additional Information

Please provide any additional information that would help us understand how you meet your monthly living expenses. If more space is needed, provide a separate page with the student’s name and ID number at the top.

Certification and Signatures

Each person signing this worksheet certifies that all the information reported is complete and correct. This worksheet must be signed by the parent.

Parent Signature___________________________________________________________ Date:________________