

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, with whom? _____		
Do you pay rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a mortgage payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you pay neither rent nor a mortgage payment, please explain: _____		

Living Expenses that YOU Pay:

	Average amount per month in 2019:	Average amount per month in 2020:
1. Housing- rent or mortgage	\$ _____	\$ _____
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 _____	\$ _____	\$ _____
B. Make _____; Year _____	\$ _____	\$ _____
9. Other: _____	\$ _____	\$ _____
10. Other: _____	\$ _____	\$ _____
11. Other: _____	\$ _____	\$ _____
Total monthly living expenses:	\$ _____	\$ _____

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.)

	Average amount per month in 2019:	Average amount per month in 2020:
1. Parent wages/salaries	\$ _____	\$ _____
2. Income from businesses	\$ _____	\$ _____
3. Child support	\$ _____	\$ _____
4. Housing support (military, clergy, etc.)	\$ _____	\$ _____
5. Social Security benefits	\$ _____	\$ _____
6. Supplemental Nutrition Assistance Program (SNAP)	\$ _____	\$ _____
7. Support from family members	\$ _____	\$ _____
9. Temporary Assistance to Needy Families (TANF)	\$ _____	\$ _____
10. Unemployment benefits	\$ _____	\$ _____
11. Veterans Benefits	\$ _____	\$ _____
12. Other: _____	\$ _____	\$ _____
13. Other: _____	\$ _____	\$ _____
14. Other: _____	\$ _____	\$ _____
Total monthly income:	\$ _____	\$ _____

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: _____