



2018 – 2019 Monthly Expense Form

Dependent

Office of Financial Aid
1460 University Drive
Winchester, VA 22601

Phone: (540) 665-4538 Fax (540) 665-4939

Please complete this Monthly Expense Form by listing all bills (expenses) that were in **the parent's name for the calendar year of 2016**. Do not list bills that are in someone else's name (ie: you live with a friend, and the mortgage/rent is in their name). Please simply provide an explanation at the bottom of this form as to why any amounts are Zero (0). Also, if any of your housing or other expenses were provided free of charge please indicate this by putting a Zero (0) in the corresponding line item and providing an explanation below. **Do not leave any blanks; use Zero (0) or N/A if not applicable.**

Parent(s) Name: _____

Expenses	Monthly Cost	Yearly Cost	Income Source From Which Paid
Rent / Mortgage	\$	\$	
Utilities	\$	\$	
Child Care	\$	\$	
Personal Expenses			
Credit Card Payments	\$	\$	
Transportation			
Car Payment	\$	\$	
Insurance	\$	\$	

**Note: If you received any assistance in 2016 from family or friends on your behalf, this must be reported as untaxed income on the FAFSA.*

If you have listed any amounts as zero (0) please explain below how these expenses were paid:

Did your monthly expenses exceed your monthly income (from tax year 2016)? Yes / No

If yes, please explain how these expenses were paid:

I declare the information reported on this form is true, complete and accurate to the best of my knowledge.

Parent Signature (required)

Date

Print Student's Name

SU ID #