



## 2009-2010 Monthly Expense Form – Student

Office of Financial Aid & Scholarships  
800 South Main Street, MSC 3519  
Harrisonburg, VA 22807  
Phone: 540-568-7820  
Fax: 540-568-7994

STUDENT NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

Please complete this Monthly Expense Form **for you and your spouse (if married)**. Give the amount of the expenses listed and the sources from which they were paid for the 2008 calendar year.

Expenses	Monthly Cost	Yearly Cost	Income Source From Which Paid
Rent	\$	\$	
Utilities	\$	\$	
Food / Toiletries	\$	\$	
Personal Expenses			
Clothing	\$	\$	
Medical	\$	\$	
Credit Card Payments	\$	\$	
Entertainment	\$	\$	
Transportation			
Car Payment	\$	\$	
Insurance	\$	\$	
Maintenance	\$	\$	
Tuition	\$	\$	

If you received any help in **2008** from friends and relatives in paying the above amounts, this must be reported as **Untaxed Income** on your student's financial aid form. Federal guidelines state that **"when the applicant's monetary obligations (bills in their name) are being paid by a friend or relative, the value of any payments made on those obligations must be reported as Untaxed Income."**

If any of your housing, food or other expenses were provided for you free of charge, please indicate the amount paid on your behalf, the name of the person, and their relationship to you.

If you lived on money which was loaned to you in **2008** by a friend or relative, indicate this and send a **signed statement** from this person giving the amount of the loan and when this money is expected to be repaid.

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

\_\_\_\_\_  
Student Signature (required)

\_\_\_\_\_  
Date