



2018-2019 Monthly Expense Form – Parent(s)

Office of Financial Aid & Scholarships
738 South Mason Street, MSC 3519
Harrisonburg, VA 22807
Phone: 540-568-7820
Fax: 540-568-7994
Email: verification@jmu.edu

STUDENT NAME: _____

STUDENT ID#: _____

Please complete this Monthly Expense Form **for the parent(s) household**. Give the amount of the expenses listed and the sources from which they were paid for the 2016 calendar year.

DO NOT LEAVE ANY BLANKS; USE ZERO "0" OR N/A IF NOT APPLICABLE

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

If you received any help in **2016** from friends and/or relatives in paying the above amounts, this must be reported as **Untaxed Income** on your student's FAFSA. 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 you lived on money which was loaned to you in **2016** 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.

If any of your housing, food or other expenses were provided for you free of charge, please name the person who provided this for you and their relationship to you.

Parent / Step-parent Signature

Date

Student Signature

Date

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