



**2018-2019 Monthly Expense Form – Student**

Office of Financial Aid & Scholarships  
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 Harrisonburg, VA 22807  
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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 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                 | \$           | \$          |                               |
| Utilities            | \$           | \$          |                               |
| Food / Toiletries    | \$           | \$          |                               |
| Personal Expenses    |              |             |                               |
| Clothing             | \$           | \$          |                               |
| Medical              | \$           | \$          |                               |
| Credit Card Payments | \$           | \$          |                               |
| Entertainment        | \$           | \$          |                               |
| Transportation       |              |             |                               |
| Car Payment          | \$           | \$          |                               |
| Insurance            | \$           | \$          |                               |
| Maintenance          | \$           | \$          |                               |

If you received any help in **2016** from friends and relatives in paying the above amounts, this must be reported as **Untaxed Income** on your 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 indicate the amount paid on your behalf, the name of the person, and their relationship to you.

**Student Signature (required)**

**Date**

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