



2019-2020 Monthly Expense Form - Student

Office of Financial Aid & Scholarships
 738 S. Mason St., MSC 3519
 Harrisonburg, VA 22807
 Phone: 540-568-7820
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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 _____ academic 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 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 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

Date

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