



# 2024-2025 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 the student**. Give the amount of the expenses listed and the sources from which they were paid for the 2024 year.

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

Expenses	Monthly Cost	Income Source Paid From (Mother – Father- Student or Other Source )
Housing Expense / Utilities	\$	
Food	\$	
Toiletries	\$	
Personal Expenses (Student)		
Clothing	\$	
Medical / Insurance	\$	
Spending Money	\$	
Entertainment	\$	
Phone Bill		
Transportation (If student has a vehicle.)		
Car Payment	\$	
Insurance	\$	
Gas / Car Repairs	\$	

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 from a federal benefit (SNAP, TANF, SSI etc.), please indicate the amount paid on the student's behalf.

**Student Signature**

**Date**

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