



2025-2026 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 the student**. Give the amount of the expenses listed and the sources from which they were paid for the _____ 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.