

Parent Monthly Income And Expense Form

Student's Name:
(Please Print) Last First Initial

SID:

After a preliminary review of your Free Application for Federal Student Aid (FAFSA form), further information is needed to determine your financial situation. Please itemize your average monthly income and expenses for the 2006 calendar year (January 1, 2006 to December 31, 2006). Further review of your application cannot be processed until this information is received.

2006 MONTHLY INCOME: _____

Employment (net salary, wages, tips) \$

Business Income (all businesses must be reported, including partnerships & corporations) \$

Interest & Dividend Income \$

Other Taxable Income (alimony, pensions, rents, unemployment, capital gains, etc.)
Specify: _____ \$

Non-Taxable Income (untaxed social security, veterans benefits, child support, TANF, etc.)
Specify: _____ \$

TOTAL MONTHLY INCOME:

2006 MONTHLY EXPENSES: _____

Rent/Mortgage Payment \$

Property Tax \$

Utilities (gas, electric, water, phone) \$

Food/Household Items \$

Car/Transportation (car payments, insurance, gas) \$

Medical/Dental \$

Child Care \$

Other Specify: _____ \$

TOTAL MONTHLY EXPENSES:

Note: Please explain on reverse side of this form how cost of living expenses are met if average monthly expenses exceed monthly income.

The above figures indicate my family's total monthly income and expenses in 2006. I certify that the information on this form is true and correct.

Parent's Signature _____

Date _____

Return Form To:

UC Riverside
Financial Aid Office
Riverside, CA 92521-0209
(951) 827-3878