



2021-2022 Monthly Expense Form

Dependent

Office of Financial Aid
1460 University Drive
Winchester, VA 22601

Phone: (540) 665-4538 Fax (540) 665-4939

Please complete this Monthly Expense Form by listing all bills (expenses) that were in **your parent's name for the calendar year of 2019**. Do not list bills that are in someone else's name (*i.e.*: you live with parents, and the mortgage is in another individual's name). Please simply provide an explanation at the bottom of this form as to why any amounts are Zero (0). Also, if any of your housing or other expenses were provided free of charge please indicate this by putting a Zero (0) in the corresponding line item and providing an explanation below. **Do not leave any blanks; use Zero (0) or N/A if not applicable.**

| Expenses | Monthly Cost | Yearly Cost | Income Source From Which Paid (i.e. work, parent, friend, child support) | Bill In parent's name? |
|--------------------------|--------------|-------------|---|---|
| Rent / Mortgage | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Care | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal Expenses | | | | |
| Credit Card Payments | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation | | | | |
| Car Payment | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***Note: If your parent(s) received any assistance in 2019 from family or friends on your behalf, this must be reported as untaxed income on your FAFSA.**

If you have listed any amounts as zero (0) please explain below how these expenses were paid:

Did your parent's monthly expenses exceed their monthly income (from tax year 2019)? Yes / No

If yes, please explain how these expenses were paid:

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

Parent Signature (required)

Date

Print Student's Name

SU ID #