2026-2027 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 2024.** 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	$	$		☐ Yes ☐ No
Utilities	$	$		☐ Yes ☐ No
Child Care	$	$		☐ Yes ☐ No
Personal Expenses				
Credit Card Payments	$	$		☐ Yes ☐ No
Transportation				
Car Payment	$	$		☐ Yes ☐ No
Insurance	$	$		☐ Yes ☐ No

Note: If your parent(s) received any assistance in 2024 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 2024)? 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 #**