

MOEX

Family Income and Expense Form 2009-2010

Please complete this form using information derived from the **2008 calendar year**. This information will help us better evaluate your eligibility for financial assistance. You may also attach a letter explaining your financial circumstances to assist the Student Financial Services Committee's review.

Student's Full Name: _____ **University ID:** -
(LEGAL NAME - PRINT) first middle last

Report Calendar Year 2008 Information Only

Typical Gross Monthly Income:	Parent(s)	Student (Spouse) [Independent Only]
Gross wages and salaries	\$ _____	\$ _____
Interest and dividend income	\$ _____	\$ _____
Withdrawals from business used to meet household or personal expenses, if self-employed. (Do not include any amount already reported as monthly wages.)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Child and/or spousal support	\$ _____	\$ _____
Pension/IRA	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
 Other Income:		
Monthly cash assistance from family and friends (including outside the United States)	\$ _____	\$ _____
Cash received or any money paid on your behalf	\$ _____	\$ _____
 Total Typical Gross Monthly Income:	 \$ _____	 \$ _____

Typical Monthly Household Expenses (2008):

(Do not leave any lines blank.)

University ID: -

Primary Housing

rent or mortgage or Other

Secondary Home/Property

Utilities (electricity, gas, phone/internet, water)

Car payment(s)

List make and year of all car(s):

(1) _____

(2) _____

(3) _____

(4) _____

Transportation costs (bus, train, fuel)

Insurance payments (home/renters, life, car)

Food/Groceries

Household expenses

Other(s): _____

Total Typical Household Monthly Expenses:

Parent(s)

Student (Spouse)
[Independent Only]

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Do your monthly expenses exceed your monthly income? Yes No

If you checked yes, please use this space to explain how you are meeting your monthly expenses.
Attach additional sheets if necessary.

CERTIFICATION: By signing this statement, I/we certify that all the information reported on this Monthly Income and Expense form to qualify for federal, state, and institutional aid is complete and accurate.

MOTHER'S (Stepmother) SIGNATURE _____ Date _____

FATHER'S (Stepfather) SIGNATURE _____ Date _____

[Independent Only]

STUDENT'S SIGNATURE _____ Date _____

SPOUSE'S SIGNATURE _____ Date _____