



UNIVERSITY of VIRGINIA

Virginia Status Financial Statement Form

Committee on Virginia Status • Office of Admission • P.O. Box 400160 • Charlottesville, VA 22904

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Instructions: Please use this worksheet as an estimate of your income and expenses for the one year period prior to the term for which you are applying for in-state tuition. If any of your income derives from a trust, bank account, investment fund or loans in your name, please provide the source or sources of each, including name(s) and address(es). You may attach supporting documentation. **Email or fax this form (not both) and your most recent Virginia income tax return (delete social security numbers)** before the first day of the semester for which you are applying for in-state tuition. Incomplete or late documents will not be reviewed.

Name: _____ Applying for: _____
LAST FIRST MIDDLE SUFFIX SCHOOL, SEMESTER & YEAR

Estimate your income and expenses for the year prior to the term for which you are applying for in-state tuition:

INCOME

	Amount	Sources (Name, address)
Employment:	\$ _____	_____
Trust:	\$ _____	_____
Bank Account:	\$ _____	_____
Investment Funds:	\$ _____	_____
Loans:	\$ _____	_____
Gifts:	\$ _____	_____
Other (specify):	\$ _____	_____
Total Income:	\$ _____	

EXPENSES

Tuition:	\$ _____	<u>Variable Monthly:</u>
<u>Fixed Monthly:</u>		Food: \$ _____
Rent/Mortgage:	\$ _____	Clothing: \$ _____
Utilities:	\$ _____	Health Insurance: \$ _____
Telephone:	\$ _____	Household Supplies: \$ _____
Vehicle Payments:	\$ _____	Gas/Auto
Vehicle Insurance:	\$ _____	Maintenance: \$ _____
Educational Loans:	\$ _____	Transportation: \$ _____
Personal Loans:	\$ _____	Medical/Dental/
Credit Card Payment:	\$ _____	Prescriptions: \$ _____
Other (specify):	\$ _____	Entertainment: \$ _____
		Club Membership/
		Dues: \$ _____
Total Fixed		Travel: \$ _____
Monthly Expenses:	\$ _____	Other (specify): \$ _____
		Total Variable
		Monthly Expenses: \$ _____

I certify that the information supplied by me on this form is true and correct to the best of my knowledge.

Applicant's signature

Date