



## 2021–22 Student Income and Expense Form

Student's Name: \_\_\_\_\_ QU ID#: \_\_\_\_\_

To gain a better understanding of your family's financial strength and how expenses were met in 2019, the Financial Aid Office is requesting additional information. Please complete this form in its entirety to allow us to more accurately and efficiently evaluate the processing of your aid offer. **If any item is zero or non-applicable, indicate "0"; do not leave any answer blank.** If expenses exceed your income, please provide a detailed explanation in a separate letter attached to this form.

Your signature also acknowledges that you have completed the form to the best of your knowledge.

\_\_\_\_\_  
 Student's signature (required) Date

\_\_\_\_\_  
 Parent's signature (required) Date

\_\_\_\_\_  
 Spouse's signature (required, if married) Date

In 2019, did you share living expenses with any other person or persons?  Yes  No

If yes, provide name and relationship to student, if any: \_\_\_\_\_

2019 Student (and Spouse) Expense Type	Average MONTHLY Expense Amount
Rent/Mortgage*	
Utilities (electronic, water, gas, etc.)	
Cable/Internet	
Telephone/Cell	
Medical/Dental Insurance	
Car Payment	
Car Insurance	
Public Transportation	
Food/Groceries	
Child Support Paid	
Other (Please Explain)	
<b>Total Monthly Expenses</b>	
<b>x12 = Total Yearly Expenses</b>	

\*If Rent/Mortgage is zero, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please mail, email, upload or fax this signed and dated worksheet to the Office of Undergraduate Financial Aid listed above.

<b>2019 Student (and Spouse) Income/Resources</b>	<b>Average MONTHLY Income</b>
Student:	
Wages	
Unemployment	
Social Security	
Worker's Compensation	
Retirement	
Disability Benefits	
Other	
Spouse (if applicable):	
Wages	
Unemployment	
Social Security	
Worker's Compensation	
Retirement	
Disability Benefits	
Other	
Child Support received for ALL children in household	
Alimony received by either student or spouse	
Welfare, AFDC, TANF	
Housing Assistance	
Cash Assistance (from friends or family) Please explain:	
In-Kind Support (bills paid on your behalf by someone else but not considered a loan) Please explain:	
Other Please explain:	
<b>Total Monthly Income/Resources</b>	
<b>x12 = Total Yearly Income/Resource</b>	

Explanation of Situation (REQUIRED)

Please explain your financial situation for the 2019 calendar year, including as much detail as possible. An explanation is also required if few or no expenses were listed. If you used savings, lines of credit, etc, to meet your expenses, you may be asked to submit supporting documents.

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