

**URGENT: RETURN IMMEDIATELY**

Adelphi University  
Office of Student Financial Services  
2008 – 2009 Academic Year

Student's Last Name: \_\_\_\_\_  
Student's First Name: \_\_\_\_\_  
Student's ID Number: \_\_\_\_\_

**Student Monthly Income and Expense Statement**



On your Free Application for Federal Student Aid (FAFSA), the federal government has indicated that the total income you reported does not appear sufficient to meet basic living expenses. Therefore, to continue processing your FAFSA, you must provide an estimate of your living expenses (such as food, clothing, utilities, housing, transportation, etc.) and all sources of your income.

Complete the following sections, sign, and return this form to our office **USING 2007 EXPENSES, not current year expenses**. If additional space is needed, you may attach additional pages to this form.

Artificially inflating your expenses will not result in the receipt of more financial aid.

1. Do you (and your spouse, if married) live with parents? (circle one) YES NO

*If you answered "YES," go to page 2, complete sections 2 & 3, sign this form and return to Student Financial Services. No further information is required. If you answered "NO," complete Sections 1, 2 and 3, sign and return.*

2. Do you (and your spouse, if married) share living expenses with others? (circle one) YES NO

If YES, with whom? \_\_\_\_\_ Their relationship to you: \_\_\_\_\_

3. Do you (and your spouse) pay rent? (circle one) YES NO

4. Do you (and your spouse) pay a mortgage? (circle one) YES NO

*If you answered NO to both please explain in Section 3*

**Section 1 – Monthly Expenses for the Calendar Year 2007 (not current expenses)**

*(You must explain any items reported as "\$0" in Section 3.)*

ITEM	Average Amount per month	Average Amount per year
1. Mortgage/rent	\$ _____	\$ _____
2. Property taxes (if not included in mortgage)	\$ _____	\$ _____
3. Utilities (gas, electric, phone, cable etc.)	\$ _____	\$ _____
4. Cell Phone	\$ _____	\$ _____
5. Vehicle Loan/lease payments/insurance	\$ _____	\$ _____
6. Gasoline	\$ _____	\$ _____
7. Car maintenance and repair	\$ _____	\$ _____
8. Other Transportation (public)	\$ _____	\$ _____
9. Groceries and Restaurant meals	\$ _____	\$ _____
10. Medical/Health not covered by insurance	\$ _____	\$ _____
11. Medical prescriptions (out of pocket cost)	\$ _____	\$ _____
12. Clothing	\$ _____	\$ _____
13. Cleaning and Laundry	\$ _____	\$ _____
14. Child care	\$ _____	\$ _____
15. Charge accounts	\$ _____	\$ _____
16. Entertainment	\$ _____	\$ _____
17. Education (out of pocket expenses)	\$ _____	\$ _____
18. Life insurance/other insurance	\$ _____	\$ _____
19. _____	\$ _____	\$ _____
20. _____	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____

PLEASE COMPLETE THE REVERSE SIDE

