

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: _____

Family Member Monthly Income and Expense Statement

Family Member's Name _____

Your name was included as part of a student's household. Therefore, to continue processing the student's financial aid, we need to determine those expenses incurred by you (such as those in bold type below) as well as all sources of income used to meet those expenses.

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.

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. Meals away from home	\$ _____	\$ _____
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. _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____

PLEASE COMPLETE THE REVERSE SIDE

