

URGENT: RETURN IMMEDIATELY

Adelphi University  
Office of Student Financial Services  
2011-2012 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 2010 EXPENSES, NOT CURRENT YEAR EXPENSES**. If additional space is needed, you may attach additional pages to this form.

**SUPPORT DOES NOT INCLUDE HOUSING AND MEALS**

### Section 1 – Monthly Expenses for the Calendar Year 2010 (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/Taxes/Utilities	\$ _____	\$ _____
2. <b>Cell Phone</b>	\$ _____	\$ _____
3. <b>Vehicle Loan/lease payments/insurance</b>	\$ _____	\$ _____
4. <b>Gasoline</b>	\$ _____	\$ _____
5. <b>Car maintenance and repair</b>	\$ _____	\$ _____
6. Other Transportation (public)	\$ _____	\$ _____
7. <b>Meals away from home</b>	\$ _____	\$ _____
8. <b>Medical/Health not covered by insurance</b>	\$ _____	\$ _____
9. <b>Medical prescriptions (out of pocket cost)</b>	\$ _____	\$ _____
10. <b>Clothing</b>	\$ _____	\$ _____
11. Cleaning and Laundry	\$ _____	\$ _____
12. Child care	\$ _____	\$ _____
13. <b>Charge accounts</b>	\$ _____	\$ _____
14. <b>Entertainment</b> (cash for leisure activities)	\$ _____	\$ _____
15. <b>Education (out of pocket expenses)</b>	\$ _____	\$ _____
16. Life insurance/other insurance	\$ _____	\$ _____
17. _____	\$ _____	\$ _____
18. _____	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____

PLEASE COMPLETE THE REVERSE SIDE

