

**Monthly Income and Expense Form
2008-2009**

Please complete this form using information derived from the **2007 calendar year**. This information will help us better evaluate your eligibility for financial assistance. You may also attach a letter explaining your financial circumstances to assist the Student Financial Services Committee's review.

Name			VCU Student Number
Last	First	MI	
Day phone		Evening phone	VCU Email address
()		()	_____@vcu.edu

- Report Calendar Year 2007 Information Only -

Typical Monthly Income:

Monthly wages and salaries

Parent(s)

Student (Spouse)
[Independent Only]

\$ _____

\$ _____

Monthly interest and dividend income

\$ _____

\$ _____

Monthly business income or monthly draw from business that is used to meet household expenses, if self-employed (**Do not include any amount reported as monthly wages**).

\$ _____

\$ _____

Other Income (e.g., Social Security, Welfare, Pension, Trust funds, etc.):

List type of other income:

Type of Monthly income _____

\$ _____

\$ _____

Type of Monthly income _____

\$ _____

\$ _____

Type of Monthly income _____

\$ _____

\$ _____

Monthly cash assistance from family and friends

\$ _____

\$ _____

Monthly cash assistance from sources outside the United States

\$ _____

\$ _____

Cash received or any money paid on your behalf

\$ _____

\$ _____

Total Typical Monthly Income:

\$ _____

\$ _____

Name		
Last	First	MI

VCU Student Number

Typical Monthly Household Expenses (2007):

Monthly rent or mortgage

Parent(s)	Student (Spouse) [Independent Only]
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\$ _____ \$ _____

Monthly utilities (electricity, gas, phone, water)

\$ _____ \$ _____

Monthly car payment(s)
List make and year of car(s) owned:

\$ _____ \$ _____

(1) _____ (3) _____

(2) _____ (4) _____

Monthly insurance payments (home, health, life, car)

\$ _____ \$ _____

Monthly transportation costs (bus, train, fuel)

\$ _____ \$ _____

Monthly food and household expenses
Other(s): _____

\$ _____ \$ _____

Total Typical Household Monthly Expenses:

\$ _____ \$ _____

NOTE:

If your monthly expenses exceed your monthly income, you must explain how you are meeting your family expenses. (Briefly describe below)

CERTIFICATION: *By signing this statement, I/we certify that all the information reported on this Monthly Income and Expense form to qualify for federal, state, and institutional aid is complete and accurate.*

MOTHER'S (Stepmother) SIGNATURE _____ Date _____

FATHER'S (Stepfather) SIGNATURE _____ Date _____

[Independent Only]

STUDENT'S SIGNATURE _____ Date _____

SPOUSE'S SIGNATURE _____ Date _____
(If Applicable)

Please submit this form to the VCU Office of Financial Aid as soon as possible. You may:		
Mail this form to: VCU Office of Financial Aid P.O. Box 843026 Richmond, VA 23284-3026	Fax this form to: (804) 827-0060	Or hand deliver this form to: 901 W. Franklin St. Shafer Court Entrance Room 107

