

**Monthly Income and Expense Form  
2009-2010**

Please complete this form using information derived from the **2008 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.

<b>Name</b>			<b>VCU Student Number</b>
Last	First	MI	

<b>Day phone</b>	<b>Evening phone</b>	<b>VCU Email address</b>
(      )	(      )	_____@vcu.edu

**- Report Calendar Year 2008 Information Only -**

**Typical Monthly Income:**

	<b>Parent(s)</b>	<b>Student (Spouse) [Independent Only]</b>
Monthly wages and salaries	\$ _____	\$ _____
Monthly interest and dividend income	\$ _____	\$ _____
Monthly business income or monthly draw from business that is used to meet household expenses, if self-employed ( <b>Do not include any amount reported as monthly wages</b> ).	\$ _____	\$ _____

**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	\$ _____	\$ _____
<b>Total Typical Monthly Income:</b>	<b>\$ _____</b>	<b>\$ _____</b>

Name		
Last	First	MI

VCU Student Number
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**Typical Monthly Household Expenses (2008):**

	Parent(s)	Student (Spouse) [Independent Only]
Monthly <input type="checkbox"/> rent or <input type="checkbox"/> mortgage	\$ _____	\$ _____
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): _____	\$ _____	\$ _____
<b>Total Typical Household Monthly Expenses:</b>	\$ _____	\$ _____

**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:		
<b>Mail this form to:</b> VCU Office of Financial Aid P.O. Box 843026 Richmond, VA 23284-3026	<b>Fax this form to:</b> (804) 827-0060	<b>Or hand deliver this form to:</b> 901 W. Franklin St. Shafer Court Entrance Room 107

