

**Arthur A Dugoni School of Dentistry  
Financial Aid Office**

**Student Monthly Income and Expense Form**

Student's Name: \_\_\_\_\_  
(Please Print) Last First Initial

After a preliminary review of your Free Application for Federal Student Aid (FAFSA form), further information is needed to determine your financial situation. Please itemize your average monthly income and expenses for the 2010 calendar year (January 1, 2010 to December 31, 2010). Further review of your application cannot be processed until this information is received.

**Student/Spouse 2010 MONTHLY INCOME:**

- Employment (net salary, wages, tips) \$ \_\_\_\_\_
  - Business Income (all businesses must be reported, including partnerships & corporations) \$ \_\_\_\_\_
  - Interest & Dividend Income \$ \_\_\_\_\_
  - Other Taxable Income (alimony, pensions, rents, unemployment, capital gains, etc.)  
Specify: \_\_\_\_\_ \$ \_\_\_\_\_
  - Non-Taxable Income (untaxed social security, veterans benefits, child support, TANF, etc.)  
Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

**Student/Spouse 2010 MONTHLY EXPENSES:**

- Rent/Mortgage Payment \$ \_\_\_\_\_
  - Property Tax \$ \_\_\_\_\_
  - Utilities (gas, electric, water, phone) \$ \_\_\_\_\_
  - Food/Household Items \$ \_\_\_\_\_
  - Car/Transportation (car payments, insurance, gas) \$ \_\_\_\_\_
  - Medical/Dental \$ \_\_\_\_\_
  - Child Care \$ \_\_\_\_\_
  - Other Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

Note: Please explain on reverse side of this form how cost of living expenses are met if average monthly expenses exceed monthly income.

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The above figures indicate my family's total monthly income and expenses in 2010. I certify that the information on this form is true and correct.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print this form, complete it, sign it, and return it to:

Financial Aid Office  
2155 Webster Street  
San Francisco, CA 94115  
Phone 415.929.6452 Fax 415.749.3363