



**Financial Aid Office**

**Student Monthly Income and Expense Form**

Student's Name: \_\_\_\_\_ Student's ID# \_\_\_\_\_  
(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 for the prior month. Further review of your application cannot be processed until this information is received.

Month \_\_\_\_\_ Year \_\_\_\_\_

**Student/Spouse 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 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.

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

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

Return form: Via email: [sf\\_finaid@pacific.edu](mailto:sf_finaid@pacific.edu)  
Fax: 415.749.3363