



Student Financial Services (SFS)

Parent Monthly Resource and Expenditure Statement
Dependent Student

Student's Name \_\_\_\_\_ Mercyhurst ID \_\_\_\_\_

Campus Attending \_\_\_\_\_

The amount of income your parent's reported on the Free Application for Federal Aid (FAFSA) appears unusually low. Please complete Sections I, II, and the Certification on this form.

Section I - Monthly Paid Expenditures

In the blanks below, state the actual dollar (\$) amount that you (and your parents) paid in the previous tax year for each expenditure listed. For example, for the 2008-09 academic year, the "previous tax year" is 2007. (Enter \$0 if no expenses were incurred for a particular item.)

Table with 2 columns: Monthly Expenditures and Amount Paid per Month. Rows include: 1. Home mortgage/rental payment, 2. Real estate taxes, 3. Utilities (phone, gas, electric, water, heating, etc.), 4. Food and household supplies, 5. Automobile payments, 6. Automobile insurance, gas, etc., and/or transportation, 7. Life and health insurance, 8. Medical expenses not covered by insurance, 9. Child care/day care, 10. Clothing, 11. Credit cards, 12. Miscellaneous, and TOTAL Monthly Expenses.



Student's Name \_\_\_\_\_ MERCYHURST ID \_\_\_\_\_

**Section II - Monthly Resources**

List all the resources and the dollar (\$) amounts used by your parents to meet the expenses listed in Section I. Include all wages, Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), child support, unemployment benefits, social security benefits, cash support received, etc. **For the listed resources, provide documentation confirming the Resource and the Amount per Month.** (Examples of acceptable documentation are Federal Tax Returns, W-2 forms, 1099 forms, etc.)

Resource	Amount per Month
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>TOTAL Monthly Resources</b>	\$ _____

Are any of your expenses on the front of the form paid by another person(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the information below:

Type of Expense Paid	By Whom (Name)	Relationship	Amount per Month
			\$
			\$
			\$
			\$
			\$
			\$

**Total Paid by Another**      \$ \_\_\_\_\_

**Certification**

I (we) certify that the information in Sections I and II above is correct and complete to the best of my (our) knowledge.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_