

2015-2016 STUDENT MONTHLY INCOME AND EXPENSE FORM

Student's Last Name: _____

Student's First Name: _____ Student's Middle Initial: _____

Student's 9-digit UCR ID: _____

After a review of your Free Application for Federal Student Aid (FAFSA form), further information is needed to determine your financial situation. Enter your average monthly income and expenses for the 2015 calendar year (January 1, 2015 to December 31, 2015) below.

2015 MONTHLY INCOME (STUDENT/SPOUSE):	
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:	\$ _____
2015 MONTHLY EXPENSES (STUDENT/SPOUSE):	
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 in 2015. I certify that the information on this form is true and correct.

Student's Signature _____ Date _____

After you have filled in the information, print, sign, and submit this form to:
 UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521
 Phone (951) 827-3878 Fax (951) 827-5619