



Financial Aid and Scholarships
 A-129J Murphy Hall
 Box 951435
 Los Angeles, CA 90095-1435
 Phone: 310-206-0400
 FAX: 310 267-4143

2019-20 PARENTS' STATEMENT OF EXPENSES AND RESOURCES

Name: Last _____ First _____

UID# _____

Please itemize your yearly expenses and list all sources of income from **January 1, 2017 to December 31, 2017**.
 Do not include expenses that relate to family businesses, rental property, or college costs for you or your children.

(Do not leave blank if not applicable please enter \$0).

TYPES OF EXPENSES	PER YEAR
Rent or mortgage payment	
Utilities (gas, electricity, water, phone)	
Insurance (include home, apartment, auto)	
Food	
Transportation (car payments, gas, repairs, public transit)	
Medical/Dental (including insurance premiums)	
Clothing	
Child support paid	
Other (specify):	
TOTAL EXPENSES	\$
TYPES OF RESOURCES	PER YEAR
Gross Income from employment - Parent 1 (Father/Mother/Stepparent)	
Gross Income from employment - Parent 2 (Father/Mother/Stepparent)	
Interest and dividend income	
Unemployment benefits	
Worker's Compensation and/or Disability benefits	
Child support received	
Living allowances paid to military, clergy and others	
Veteran non-educational benefits	
Foreign income	
Social Security benefits	
Temporary Assistance for Needy Families (TANF)	
SNAP (formerly known as Food Stamps)/WIC/Subsidized Housing (see verification checklist for additional information)	
Home equity loan distributions, secured personal loans and credit card reliance	
Other (specify):	
TOTAL INCOME AND RESOURCES	\$

The amounts listed above are a true and accurate statement of our family's annual expenses and resources.

Parent Signature*: _____

Date: _____

**Electronic signatures are not acceptable*