

Georgetown University Law Center Financial Aid Office

600 New Jersey Ave., NW, Washington, DC 20001 Phone:202-662-9210 Fax:202-662-9367

INCOME AND EXPENSE STATEMENT (EXP)

Student Name: _____

Date: _____

SSN#: _____

____ Student/Spouse information needed.

____ Parent (s) information needed.

Please complete the following request for monthly income and expense data as accurately as possible, as this document will be verified with other information submitted previously. If the expenses exceed the amount of income, the discrepancy must be explained in a separate letter. We will be unable to continue processing the student's financial aid until this form is submitted to the financial aid office. **You should submit this document, and if not already submitted, a copy of the student's, or the parents' 2008 federal tax return, depending upon whose information is being requested on this form. Complete and mail this form with the requested information to the Financial Aid Office within two weeks of its receipt.** If you are unable to submit this document by this deadline, please contact our office.

Name of Person completing this form: _____

MONTHLY INCOME - All figures should reflect one month of income. If you only have a 12-month figure, divide by 12 to derive the monthly portion.

Wages/Salaries (enclose W-2) _____

Wages/Salaries of Spouse (enclose W-2) _____

Commissions _____

Interest/Dividend Income _____

Business Income and/or Distribution of Equity _____

Rental Income _____

Pension Income _____

Child Support _____

Alimony _____

Social Security Benefits _____

Other: _____

Total Monthly Income: _____

OVER ⇨

MONTHLY EXPENSES - All figures should reflect one month of expenses. If you only have a twelve-month figure, divide by 12 to derive the monthly portion.

Federal, State and Local Taxes (attach W-2) _____

Rent/Mortgage and Real Estate Taxes _____

Alimony/Child Support _____

Groceries _____

Utilities: Electricity/Heating Oil/Natural Gas _____

Water _____

Telephone _____

Trash _____

Transportation (gas and/or public transportation fares) _____

Medical (not covered by insurance) _____

Insurance: Auto _____

Health _____

Life _____

Homeowner's/Renter's _____

Auto Loans: Name of Bank _____

Name of Bank _____

Installment Payments: Name of Bank, Credit Card, or Store _____

Other: _____

Total Monthly Expenses: _____

Total Income _____ - Total Expenses _____ = _____*

**Please explain, on a separate sheet of paper, how any monthly expenses that exceed income are met.*

I declare that to the best of my knowledge and belief, this statement of my income and expenses is true, complete and accurate.

Signature _____ Date _____