

Student Last Name

First Name

MI

NU Student ID Number

### Monthly Resources

Parent 1 Name: \_\_\_\_\_

Gross Monthly Income \$\_\_\_\_\_

Net Take Home \$\_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Gross Monthly Income \$\_\_\_\_\_

Net Take Home \$\_\_\_\_\_

Other Monthly Income (Rental, Investment, Child Support, Etc.): \$\_\_\_\_\_

**TOTAL RESOURCES:** \$\_\_\_\_\_

### Monthly Expenses

Rent or Mortgage (Circle one) – Primary Residence \$\_\_\_\_\_

Mortgage for other properties – Vacation/Rental (Circle One) \$\_\_\_\_\_

Property taxes (if not included in mortgage) \$\_\_\_\_\_

Homeowner's Insurance (if not included in mortgage) \$\_\_\_\_\_

Food \$\_\_\_\_\_

Gas/Electric/Water/Sewer/Trash Removal \$\_\_\_\_\_

Telephone/Cell Phone/ Internet/Cable \$\_\_\_\_\_

Automobile Payments \$\_\_\_\_\_

Make & Model – Automobile #1 \$\_\_\_\_\_

Make & Model – Automobile #2 \$\_\_\_\_\_

Automobile Maintenance/Gas/Tolls \$\_\_\_\_\_

Consumer Debt – Commercial Loans, Credit Cards, Etc. \$\_\_\_\_\_

Educational Debt – Borrowed by parent, repaying currently\* \$\_\_\_\_\_

Life Insurance \$\_\_\_\_\_

Medical/Dental Expense not covered by Insurance \$\_\_\_\_\_

Private Elementary or Secondary Tuition\* \$\_\_\_\_\_

Support of other family members not residing with you\* \$\_\_\_\_\_

Other (Explain)\_\_\_\_\_ \$\_\_\_\_\_

*(You should attach documentation for items with an asterisk (\*) indicated)*

**TOTAL EXPENSES:** \$\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_