

Pepperdine University

Seaver College

Office of Financial Assistance

2015-2016 INCOME and EXPENSE STATEMENT

Student's Name: _____ CWID: _____
Parent's Name: _____ Phone Number: _____
(if Dependent)

A. HOUSEHOLD INFORMATION

- 1) Does the family share living expenses with others? YES NO
2) Does the family pay rent? YES NO
3) Does the family pay mortgage? YES NO
4) What is the value of your home? \$ _____
5) If the family pays neither rent nor mortgage, please explain: _____

B. MONTHLY LIVING EXPENSES

Please list all of your monthly living expenses. Please include living expenses that you pay or someone else pays on your behalf. Please put N/A if not applicable. Do not leave any blanks.

- | | Average Amount per month in 2014 |
|---|----------------------------------|
| 1) Home mortgage/rent(do not include insurance, property tax, or rental properties) | \$ _____ |
| 2) Property tax | \$ _____ |
| 3) Food and Household supplies | \$ _____ |
| 4) Clothing | \$ _____ |
| 5) Utilities (gas, electric, phone, cell phone, cable...etc.) | \$ _____ |
| 6) Gasoline and auto maintenance | \$ _____ |
| 7) Public transportation | \$ _____ |
| 8) Medical/health care expenses not covered by insurance | \$ _____ |
| 9 A-C) Car Payments: | |
| A) Make: _____ Model: _____ Year: _____ | \$ _____ |
| B) Make: _____ Model: _____ Year: _____ | \$ _____ |
| C) Make: _____ Model: _____ Year: _____ | \$ _____ |
| 10) Insurance (home, car, health, life, etc.) | \$ _____ |
| 11) Credit card payments | \$ _____ |
| 12) Other | \$ _____ |
| Total Monthly Living Expenses | \$ _____ |

Return to:
Pepperdine University · Seaver College · Office of Financial Assistance
24255 Pacific Coast Hwy. · Malibu · California · 90263-4301 · Phone (310) 506-4301 · FAX (310) 506-4746
Email: finaid2@pepperdine.edu

C. SOURCES OF INCOME

Please list all sources of income that are used to meet the living expenses you listed on the front side.
Do not include income used to meet business or rental property expenses.

	Average Amount per month in 2014
1) Parent 1 wages/salary - if dependent	\$ _____
2) Parent 2 wages/salary - if dependent	\$ _____
3) Student wages/salary - if independent	\$ _____
4) Spouse wages/salary - if independent	\$ _____
5) Unemployment benefits	\$ _____
6) Worker's compensation/disability benefits	\$ _____
7) Social Security benefits	\$ _____
8) Alimony/spousal support	\$ _____
9) Child support/TANF (do not include food stamps)	\$ _____
10) Income from business	\$ _____
11) Income from rental property	\$ _____
12) Income from capital gains	\$ _____
13) Gifts or financial support from family member/friend	\$ _____
14) Savings	\$ _____
15) Personal loans (attach documents)	\$ _____
16) Home equity loan (attach documents)	\$ _____
17) Credit card advances (attach documents)	\$ _____
18) Untaxed income	\$ _____
19) Lottery, gambling, or gift prize winnings	\$ _____
20) Do you receive income or cash that does not meet any of the above categories? If so, what is the source and amount?	
_____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

If your monthly income is not equal to or greater than your expenses, please explain in the section below.

Please provide any additional information that would help us understand how you meet your living expenses. If your family's financial circumstances have changed in 2015, or you anticipate a change in the near future, explain these changes as well.

D. CERTIFICATION AND SIGNATURE

I/we certify that all of the information reported on this worksheet is complete and correct. Each person signing this worksheet certifies that all of the information reported on it is complete and correct. A parent must sign and date if the student is dependent. The student **must** sign this worksheet.

Student's Signature: _____

Date: _____

Parent's Signature: _____ §

Date: _____

(Dependent Students Only)

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