

In reviewing your financial aid application and/or appeal, we find it necessary to gather more information relative to your family's monthly expenses. Please complete the following questionnaire and return it immediately to our office. Please attach proof of monthly payment for repayment of educational loans, elementary or secondary tuition charges for dependents, elderly care, child support paid, medical/dental or other unusual expenses incurred by your family. We will then continue our review of your application for financial assistance.

Please return the completed form to our office and if you have any questions, please call us and ask to speak with a financial aid advisor (contact information is at the bottom of the form). You may use a separate sheet to explain any unusual or special circumstances that may impact your family's monthly cash flow; be sure to include your name, student ID number, and program on any separate sheets.

Student Name (please print): _____

Student ID #: _____ **Degree Program:** _____ **Academic Year:** _____

- Monthly cost of housing (Circle: RENT / MORTGAGE) \$ _____
- Monthly mortgage payment for all other held properties \$ _____
 - Property Type (Circle: VACATION / RENTAL / BOTH)
- Monthly expense for property taxes, if not included in mortgage \$ _____
- Monthly expense for home insurance, if not included in mortgage \$ _____
- Monthly expense for food for your family \$ _____
- Monthly expense for gas \$ _____
- Monthly expense for electricity \$ _____
- Monthly expense for telephone \$ _____
- Monthly expense for trash removal/water/sewer \$ _____
- Monthly expense for cable/internet connection \$ _____
- Monthly expense for automobile payments (circle: LEASE / PURCHASE) \$ _____
 - Make and Model of automobile _____
- Monthly expense related to all car insurance payments \$ _____
- Monthly expense for payments on consumer debt, commercial loans, credit \$ _____
- Monthly expense for *educational debt* * \$ _____
- Monthly expense related to personal insurance for medical/dental \$ _____
- Monthly out of pocket expense for medical/dental (not covered by insurance) \$ _____
- Monthly amount paid for private elementary/secondary school for dependents \$ _____
- Monthly support provided to family members not residing with you \$ _____

* Only report educational debt borrowed by the **parent** of a dependent student. Do not include payments made by a parent on the student's behalf or loan payments for independent students (as those loans may be deferred).

Please list all sources of income used to pay the above expenses:

Source:	Amount:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

CERTIFICATION: I certify that the information stated in this request is true and that I will notify the Chicago Office of Financial Aid immediately if there are any changes in my monthly expenses or income sources during the applicable academic year.

Student Signature (electronic signatures not accepted)

Date Signed

Parent Signature (if the student is dependent)

Date Signed