



EMORY UNIVERSITY

Statement of Monthly Income and Expenses

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709
Email: finaid@emory.edu

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the students email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____

This form has been sent to you based on your financial aid application materials that have been submitted which suggest that the family's expenses are greater than their income. To gather a better understanding of the family's financial situation, please complete and return this form. Please have your parents read both sides of this form and then complete all three sections. **Do not leave any line blank. Enter zeroes where appropriate.** Extra space has been provided for you to identify additional income resources.

We assume that every person must have some basic living expenses and income to cover these expenses. If zero income and expense is reported with no explanation of how you are meeting basic living expenses, your appeal cannot be processed.

Certification Statement

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent and student agree to notify the Office of Financial Aid if the circumstance described below changes, if employment is obtained, or other sources of income are found. I understand that the decision of the appeals committee will be emailed to the email address marked as preferred in OPUS.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

A: MONTHLY LIVING EXPENSES

Please list monthly living expenses for each item listed below. Attach a separate written statement detailing other expenses that are not requested, but you wish us to know about.

Living	Rent/Mortgage \$	Living Total \$
	Food \$	
Utilities	Telephone \$	Utilities Total \$
	Electric \$	
	Gas \$	
	Cable \$	
	Internet \$	
Transportation	Monthly Car Payment \$	Total Transportation \$
	Gas \$	
	Insurance \$	
	Repairs \$	
	Public Transportation \$	
	Number of Vehicles:	
Miscellaneous	Child Care	Misc. Total \$
	Personal Expenses (i.e. clothing, entertainment, etc.)	
	Insurance (Life & Health)	
	Other (Explain)	
Total Expenses (add all of the expenses)		\$

