



2026/27 Parent Income and Expense Form

Student's Name: _____ QU ID#: _____

To gain a better understanding of your family's financial strength and how expenses were met in 2024, the financial aid office is requesting additional information. Please complete this form in its entirety to allow us to more accurately and efficiently evaluate the processing of your aid offer. If any item is zero or non-applicable, indicate "0"; do not leave any answer blank.

If expenses exceed your income, please provide a detailed explanation in a separate letter attached to this form.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Note: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student's signature (required)

Date

Parent's signature (required)

Date

In 2024, did you share living expenses with any other person or persons? ☐ Yes ☐ No

If yes, provide name and relationship to student, if any: _____

2024 Parent Expense Type	Average MONTHLY Expense Amount
Rent/Mortgage*	
Utilities (electronic, water, gas, etc.)	
Cable/Internet	
Telephone/Cell	
Medical/Dental Insurance	
Car Payment	
Car Insurance	
Public Transportation	
Food/Groceries	
Other (Please Explain)	
Total Monthly Expenses	
x12 = Total Yearly Expenses	

*If Rent/Mortgage is zero, please explain:

Please mail, email, upload or fax this signed and dated worksheet to the Office of Undergraduate Financial Aid listed above.

2024 Parent Income/Resources	Average MONTHLY Income
Parent 1:	
Wages	
Unemployment	
Social Security	
Worker's Compensation	
Retirement	
Disability Benefits	
Other	
Parent 2 (if applicable):	
Wages	
Unemployment	
Social Security	
Worker's Compensation	
Retirement	
Disability Benefits	
Other	
Child Support received for ALL children in household	
Alimony received by either custodial parent or stepparent	
Welfare, AFDC, TANF	
Housing Assistance	
Cash Assistance (from friends or family) Please explain:	
In-Kind Support (bills paid on your behalf by someone else but not considered a loan) Please explain:	
Other Please explain:	
Total Monthly Income/Resources	
x12 = Total Yearly Income/Resources	

Explanation of Situation (REQUIRED)

Please explain your financial situation for the 2024 calendar year, including as much detail as possible. An explanation is also required if few or no expenses were listed. If you used savings, lines of credit, etc., to meet your expenses, you may be asked to submit supporting documents.
