# Avenues New York

## PARENT/GUARDIAN MONTHLY EXPENSE STATEMENT

**Parent/Guardian Name(s):**                    **Student Name(s):**

Before continuing the review of your financial aid application, the committee finds it necessary to gather more information relative to your family's monthly expenses. Please complete the following questionnaire and return it immediately to the Financial Aid Office.

- What is your monthly cost of housing (circle one: rent/mortgage)? .......... $
- What is your monthly mortgage cost for all other properties (circle one: vacation/rental/both)? .......... $
- What is your monthly expense for property taxes, if not included in mortgage? .......... $
    - For other held properties? .......... $
- Please indicate your monthly expense related to home insurance, if not included in mortgage: .......... $
- Please indicate your monthly expense for the following:
    - Food for your family (including groceries and dining out): .......... $
    - Gas: .......... $
    - Electricity: .......... $
    - Telephone (including local, long distance and all cell phones): .......... $
    - Trash removal, water and sewer: .......... $
    - Lawn care: .......... $
    - Cable and/or internet connection: .......... $
    - Entertainment: .......... $
    - Clothing: .......... $
    - Vacation: .......... $
    - Beauty: .......... $
    - Miscellaneous (please specify:                    ): .......... $
- Please indicate your total monthly automobile payments: (circle one: lease/purchase) .......... $
    - Make & Model of automobile: 1)                    2)
- Please indicate your monthly expense related to all car insurance payments: .......... $
- Please indicate your total monthly payments on consumer debt for credit cards, loans, etc.: .......... $
- Please indicate your monthly payment for education debt (borrowed by parent): .......... $
- Please indicate your monthly expenses related to personal insurance for:
    - Life Insurance: .......... $
    - Medical/Dental: Included in income figure below? Yes or No. .......... $
- Please indicate monthly out-of-pocket medical/dental expenses (not covered by insurance): .......... $
- Please indicate the monthly amount paid for private elementary/secondary/college tuition costs: .......... $
- Please indicate monthly support of other family members not residing with you: .......... $

**Total Monthly Expenses:** $

- Please list all sources of income used to pay the above expenses. Please use figures after taxes – your take home pay:

  ◦ Parent/Guardian: $

  ◦ Parent/Guardian: $

  ◦ Other (please specify): $

  **Total Monthly Income:** $

*If your total monthly expenses exceed your total monthly income, please use the space below to explain how the difference is paid.

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*Parent/Guardian Signature*                                                  *Date*