

WASHINGTON AND LEE
UNIVERSITY

FINANCIAL AID

2015-2016 PARENT INCOME & EXPENSE DECLARATION

Student's Name _____ Student's ID Number _____
Last First

Section 1: Parent Income

Parent: Please list ALL sources of income that are used to meet living expenses, including foreign income. **Note:** if your total 2015 yearly income will be significantly less than your 2014 income, please attach a letter explaining the specific circumstances/reasons for the change in income (if one has not been previously submitted). Also provide the following required documentation:

- Letter from employer(s) indicating: date of termination, reduction in hours worked, reduction in salary/wages
- Copy of most recent pay stub (including 2015 year-to-date earnings)
- Copy of last pay stub from previous employment (including year-to-date earnings)
- Statements from (if applicable): Social Security Administration, Public Assistance Agencies, State Unemployment Compensation Office, State or Private Disability Insurance Agencies

SOURCE OF INCOME	AVERAGE AMOUNT PER MONTH IN 2014	AVERAGE AMOUNT PER MONTH IN 2015
Father's gross wages/salary/tips (Attach W-2 form or pay stub)	\$ _____	\$ _____
Total to date for 2015: \$ _____ Estimate for remainder of 2015: \$ _____		
Mother's gross wages/salary/tips (Attach W-2 form or pay stub)	\$ _____	\$ _____
Total to date for 2015: \$ _____ Estimate for remainder of 2015: \$ _____		
Interest/dividends	\$ _____	\$ _____
Net income from business or farm (Gross income minus business/farm expenses)	\$ _____	\$ _____
Capital gains	\$ _____	\$ _____
Net rental/partnership/royalties/trust income (Gross income minus expenses)	\$ _____	\$ _____
Social Security (Include benefits for dependent children as well as yourself)	\$ _____	\$ _____
Pensions/annuities	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Severance pay/vacation pay/sick pay	\$ _____	\$ _____
Workers' compensation/disability benefits	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____
Veterans' noneducational benefits	\$ _____	\$ _____
Cash support or money paid on your behalf: _____	\$ _____	\$ _____
Housing, food and other living allowances from your employer	\$ _____	\$ _____
Payments made to tax deferred accounts such as IRA, KEOGH, 401(k), 403(b)	\$ _____	\$ _____
Personal loans	\$ _____	\$ _____
Credit card advances	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

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Section 2: Parent Expenses

Parent: Next to each item, fill in the dollar amount of your family's average monthly living expenses. If your family shares living expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert into a monthly average. Report only your family's living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES. Fill in all items. If an item does not apply, indicate this by writing "n/a."

- Does the family share living expenses with others? Yes No If Yes, what is the monthly contribution from others? \$ _____
If, YES, with whom? Please indicate name and relationship: _____
- Does the family pay rent? Yes No
- Does the family pay mortgage? Yes No If YES, are payments current? Yes No
- If family pays neither rent nor mortgage, please explain: _____

MONTHLY EXPENSES

	AVERAGE AMOUNT PER MONTH IN 2014	AVERAGE AMOUNT PER MONTH IN 2015
Home mortgage/rent (Do not include insurance, property tax or mortgage on rental properties)	\$ _____	\$ _____
Property tax	\$ _____	\$ _____
Home maintenance (gardener, house cleaner, pool, etc.)	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____
Utilities (gas, electric, water, etc.)	\$ _____	\$ _____
Phone, cable, internet	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Private, elementary/secondary school tuition	\$ _____	\$ _____
Insurance (home, car, health, life, etc.)	\$ _____	\$ _____
Medical/health expenses NOT covered by insurance	\$ _____	\$ _____
Gasoline and auto maintenance or public transportation	\$ _____	\$ _____
Car payments (Make: _____ Year: _____)	\$ _____	\$ _____
(Make: _____ Year: _____)	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Personal loan payments	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____
TOTAL MONTHLY INCOME (From Section 1)	\$ _____	\$ _____

(If monthly income is less than expenses, attach an explanation and documentation to show how remaining expenses are met, or documentation of amount in arrears.)

Certification:

I/we affirm that all the information on this form is true and correct to the best of my/our knowledge. I/we understand that W&L may verify all estimates of income at year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in financial aid over award. Signatures are required for all persons reporting income/expenses above.

Father's/Stepfather's Signature

Date

Mother's/Stepmother's Signature

Date