

2007 - 2008 ESTIMATED INCOME, EXPENSE, AND ASSET STATEMENT



PLEASE COMPLETE THIS FORM IN *INK* AND *PRINT* LEGIBLY.

LAST NAME (LEGAL NAME)		FIRST NAME	MI
STUDENT ID#	E-MAIL ADDRESS		BEST CONTACT PHONE NUMBER

You are receiving this form because your parents (or if an independent student, you and/or your spouse) reported a total income on your FAFSA that: 1) appears to be insufficient to meet basic living expenses; 2) is equal to \$0; or 3) is a negative amount.

Please provide **estimates** of your **2006 Expenses** below. Under **2006 Income**, itemize the sources of income that allowed you to sustain these expenses. If a third party paid any of your expenses, specify the amount(s) and identify the third party. **NOTE: If the expenses exceed the income, please provide a written explanation on the back of this form or on a separate sheet of paper.**

2006 Expenses	Dependent Students Only	Independent Students Only	
	Estimated Amount per Month	Estimated Amount per Month	
	Parent Information	Student Information	Spouse Information
1. Rent/Mortgage			
2. Insurance for Home or Apartment			
3. Insurance for Automobile			
4. Food			
5. Clothing			
6. Utilities and Telephone			
7. Entertainment			
8. Transportation (i.e. gas, repairs, etc.)			
9. Car Payments			
10. Recreation			
11. Other (Please Specify)			
12. Other (Please Specify)			
TOTAL EXPENSES			

2006 Income	Dependent Students Only	Independent Students Only	
	Estimated Amount per Month	Student Information	Spouse Information
13. Net Income from Work			
14. Money from Parents, Other Relatives, or Friends			
15. Welfare Benefits (excluding food stamps)			
16. Other (Please Specify)			
17. Other (Please Specify)			
TOTAL INCOME			

CERTIFICATION STATEMENT

We, the undersigned, certify that all the information reported to qualify for federal student aid is complete and correct.

If you are a dependent student, both you and your parent/legal guardian must sign this form.

If you are an independent student, both you and your spouse (if married) must sign this form.

STUDENT'S SIGNATURE _____	DATE _____	SPOUSE'S SIGNATURE (if student is married) _____	DATE _____
PARENT/LEGAL GUARDIAN'S SIGNATURE (if student is a dependent) _____		DATE _____	

Return Completed Form to Your PLNU Regional Center:

PLNU Arcadia
225 E Santa Clara St.
Arcadia, CA 91006
Phone: 626.821.8240
Fax: 626.821.8249

PLNU Bakersfield
5080 California Ave., Ste. 104
Bakersfield, CA 93309
Phone: 661.321.3485 or 3484
Fax: 661.321.3489

PLNU Inland Empire
495 E Rincon St., Ste. 204
Corona, CA 92879
Phone: 951.273.7568
Fax: 951.735.0072

PLNU Mission Valley
4007 Camino del Rio S., Ste. 304
San Diego, CA 92108
Phone: 619.563.2845 or 2849
Fax: 619.563.2898