

2008 - 2009

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 **2007 Expenses** below. Under **2007 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.**

	Dependent Students Only	Independent Students Only	
	Estimated Amount per Month	Estimated Amount per Month	
2007 Expenses	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			

	Dependent Students Only	Independent Students Only	
2007 Income	Parent Information	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: 661.321.3482 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. 102
 San Diego, CA 92108
 Phone: 619.563.2845 or 2849
 Fax: 619.563.2898