



Parent Monthly Income and Expenses

To help us understand how you, the parent will be supporting yourself and the student, while he/she are attending Trident, please list your monthly sources of income and monthly living expenses from the previous year.

Parent Information

Name _____ SSN _____

Phone _____ Cell _____ E-mail _____

Student Information

Name _____ SSN/CID _____

Monthly Income

Wages, Salary _____

Cash, Savings _____

Social Security Benefits _____

Welfare Benefits _____

Child Support _____

Other (Explain on reverse) _____

Other (Explain on reverse) _____

Total Monthly Income _____

Monthly Expenses

Housing _____

Utilities _____

Food _____

Transportation _____

Auto Payments _____

Other (Explain on reverse) _____

Other (Explain on reverse) _____

Total Monthly Expenses _____

Note: if your total monthly income did not meet your total monthly expenses as listed above, please explain on the reverse of this sheet how you cover the shortfall.

Signature

I certify that the information that I have provided for the purposes of receiving financial aid is true, correct and complete.

Parent Signature _____ Date _____