



LEHIGH UNIVERSITY

2025-2026 Non-Custodial Parent Income and Expense Worksheet

Student Name: _____ Lehigh Identification Number (LIN): _____ Parent Name: _____

Email Address: _____ Date of Birth: _____

The purpose of the following worksheet is to obtain an accurate portrayal of your family's ability to meet their expenses based on the current income being reported. Please complete the worksheet to give us more detail regarding your family's monthly expenses, which will allow for a more accurate review of your financial aid eligibility. Return the information to our office as soon as possible so that we can continue with our review of the student's Financial Aid eligibility.

In the spaces below, indicate all resources and expenses for the current year. For any category in which there were no expenses or resources, please write "0". For one-time annual expenses use a monthly average. Total expenses that exceed the total resources will be treated as untaxed income for institutional purposes. **If the reported expenses are greater than the reported resources**, please provide a brief explanation and attach to this form.

Resources	Amount (average per month)
Income from Work	\$
Interest and Dividend Income	\$
Child Support Received	\$
Social Security	\$
Unemployment Compensation	\$
Withdraw from Savings	\$
Welfare Benefits	\$
Alimony	\$
Rent Subsidy	\$
Personal Loan Received*	\$
Bills paid on your behalf by someone else*	\$
Other Income /Benefit*	\$
Total Resources	\$
*If you report a value for these fields, please include a brief description and attach to this form.	

Expenses	Cost (average per month)
Mortgage/Rent**	\$
Homeowner's Insurance	\$
Utilities	\$
Real Estate/School Taxes	\$
Medical Insurance	\$
Car Payment	\$
Car Insurance	\$
Food	\$
Telephone/Cell Phone	\$
Other Expense (please provide detail)	\$
	\$
	\$
Total Expenses	\$
**If rent or mortgage is zero, please explain	

Certification and Signature: I certify that the information provided above is true and complete to the best of my knowledge.

Parent Signature: _____ Date: _____

Please submit to Lehigh University's Office of Financial Aid via the

go.lehigh.edu/finaiddoccenter, by mail, or by fax (610)758-6211.

You may also contact our office at (610)758-3181 or financialaid@lehigh.edu