Student Name:



2015-2016 Non-Custodial Parent Income and Expense Worksheet

LIN:

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Parent Name:				
Please indicate all expenses and resources for the household from January 201 categories listed below. For any category in which there were no expenses or income for institutional purposes. Resources Amount(average per month)	resources, please write "0 Expenses	". Total expenses that exceed		d
Income from Work Interest and Dividend Income Child Support Social Security Social Security Unemployment Compensation Savings Welfare Benefits Rent Subsidy Personal Loan Received: (Please describe) Assets Sold/Cashed In: (Please describe)	Rent/Mortga Electric/Fue Medical Inst Car Insurand Car Paymen Food Clothing Telephone/C	el Utilities urance ce at	\$	
Other Income /Benefit: (Please describe) Financial Gift: (Please include any bills paid on your behalf by someone else considered a loan) \$	e, but not *If rent or m	nortgage is zero, please explai	\$s \$n:	
Attach a brief explanation if the expenses are great than the resources. Certification and Signature: I certify that the information provided above is tr	and complete to the be	•	\$	
certification and Signature. Teertify that the information provided above is the	ac and complete to the bes	of my knowledge.		
Parent Signature:	Date:			
Student Signature (If Independent)	Date:			