

## MOEX

**Family Income and Expense Form  
2021-2022**Purpose of Form

Generally, the Family Income and Expense Form is requested to provide a more detailed picture of your family's financial strength. This form collects information about income received in 2019 as well as some of the most common expenses that may have been incurred in 2019.

General Instructions

When reporting income, be sure to report all sources of income, whether domestic or foreign, for both you and your parent(s).

Students must report parent'(s) expenses for 2019. Carefully read each item and report monthly expenses where appropriate. Multiply all monthly expenses by 12 to calculate the annual amount. If a monthly expense was not incurred for all 12 months of 2019, provide only the total amount for that particular expense in 2019 and **provide a statement explaining the situation**. For example, if car payments were made for only 6 months instead of 12 because the car was paid off after 6 months, provide a statement to clarify.

**If your 2019 expenses exceeded your 2019 reported income, you must provide a written explanation of how you and/or your family were meeting expenses.** Forms showing greater total expense than income and received without a written explanation will be considered incomplete. If you wish to provide any additional information regarding your or your family's financial circumstances, please submit it along with this form.

Student Financial Services may request third-party documentation to confirm the values you report on your Family Income and Expense Form. Should you or a parent submit a form with incorrect information, you must also submit third-party documentation to confirm the correct values. Adjustments to a financial aid award as a result of submitting documentation to correct a Family Income and Expense Form are neither guaranteed nor immediate.

Forms received without the appropriate signature(s) or with missing information/pages are considered incomplete and must be resubmitted. **Do not leave any questions blank.** Submitting incomplete forms or documents will delay the evaluation of your financial aid eligibility and the awarding of your financial aid.



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2021-2022**

 Student's University ID:     -      or SIS ID:        
**SECTION 1: INCOME AND SUPPORT for calendar year 2019 (CONTINUED)**

| <b>Report Values for<br/>Calendar Year 2019 only</b><br>(enter "0" or "N/A", if appropriate)   | <b>Annual Amounts</b> (please leave no blanks) |           |
|--|--|-----------|
|  | Parent(s)                                      | Student   |
| Veterans non-education benefits received in 2019 (e.g., Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances)   |  |           |
| Total <i>loans</i> received in 2019 from family and friends, including those living outside the U.S.   |  |           |
| Total <i>cash assistance</i> (excluding any loans noted above) received in 2019 from family and friends, including those living outside the U.S.   |  |           |
| Merit- or need-based financial aid received in 2019  |  |           |
| Veterans educational benefits received in 2019   |  |           |
| Expenses paid in 2019 <i>by someone else, on your behalf</i> , including those related to mortgage, rent, automobile, utilities, education, or insurance. These would be expenses <i>paid by another person, such as a noncustodial parent, friend or relative</i> . (do not include any alimony or spousal support already reported on previous page)<br><br>Include any distributions to the student from an educational savings plan, such as a 529 plan, if it is <u>owned by someone other than the student or the student's custodial parent(s) or spouse</u> .<br><br>Note: If you are living rent-free with others, do not include the value of your housing here. Instead, report the value of this benefit in the appropriate table on page 4. |  |           |
| Other income received in 2019 not otherwise reported (e.g., worker's compensation, disability, untaxed portions of health savings accounts from Schedule 1 Line 12 of the 2019 IRS Form 1040, Black Lung Benefits, etc.)<br><b>List source(s):</b> _____<br>_____  |  |           |
| <b>Total Income in 2019 (MUST include values from previous page)</b>   | <b>\$</b>                                      | <b>\$</b> |

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 Student's University ID:     -      or SIS ID:        
**SECTION 1: INCOME AND SUPPORT for calendar year 2019 (CONTINUED)**

| Please indicate with a check mark below if any family member in the household received any of these benefits in 2019. |  | Report total annual amount received by your family in 2019 from each source |
|---|--|---|
| <b>SNAP</b> (Supplemental Nutrition Assistance Program)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  |
| <b>WIC</b> (Women, Infants and Children supplemental program)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  |
| <b>TANF</b> (Temporary Assistance for Needy Families)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  |
| <b>Medicaid/SSI</b> (Supplemental Security Income)  | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  |
| <b>Free or reduced-price lunch</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  |
| <b>Other benefit</b> (such as subsidized housing)<br>List source(s): _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  |

|  |                 |                          |                 |                          |   |                          |
|--|-----------------|--------------------------|-----------------|--------------------------|---|--------------------------|
| Did you or your family own a home, pay rent, or live rent-free with others in 2019? Please check appropriate box, at right.  | <b>Own home</b> | <input type="checkbox"/> | <b>Pay Rent</b> | <input type="checkbox"/> | <b>Live rent-free with others*</b>  | <input type="checkbox"/> |
| *With whom did you or your family live rent-free? <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br>If you or your family lived rent-free in 2019, you must provide the approximate monthly value of the housing, based on the amount a third party might pay if they were occupying and paying for the same amount of space. Enter that value in the highlighted box to the right. |                 |                          |                 |                          | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> /month<br>(Exclude values reported elsewhere on form) |                          |

**If there are any special circumstances regarding your sources of income and support, please note them here:**

  
  
  
  
  

(Expenses noted on next page)

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 Student's University ID:     -      or SIS ID:       
**SECTION 2: EXPENSES** for calendar year 2019

| Report Values for Calendar Year 2019 only  | Expenses<br>(report parent expenses) |              |
|--|--------------------------------------|--------------|
|  | Monthly                              | Annual Total |
| Primary housing (mortgage, rent or monetary value of housing if living rent-free with others)  | X12                                  |              |
| Primary housing real estate and/or property tax paid in 2019 (do not report if already included in mortgage payments)                    | X12                                  |              |
| Homeowner's/Renter's Insurance paid in 2019 (do not report if already included in mortgage payments)                                     | X12                                  |              |
| Combined utilities paid (electric, gas, internet/cable, landline phone service, water)   | X12                                  |              |
| Cell phone bill payments   | X12                                  |              |
| Combined car payments for all vehicles   | X12                                  |              |
| Auto insurance paid in 2019 for all vehicles   | X12                                  |              |
| Other insurance payments not noted above (including health insurance, life insurance, etc., but <b>excluding</b> employer-paid premiums) | X12                                  |              |
| Transportation costs (bus/train fares, fuel expenses, car maintenance, etc.)   | X12                                  |              |
| Food and grocery expenses  | X12                                  |              |
| Medical expenses paid out of pocket (medication, dentist or doctor visit, etc.)  | X12                                  |              |
| Child/dependent care expenses  | X12                                  |              |
| Household/personal expenses  | X12                                  |              |
| Entertainment/leisure/membership expenses  | X12                                  |              |
| Consumer debt payments (home equity, credit card, other loans, excluding any household or other expenses already noted above)            | X12                                  |              |
| Education expenses paid out of pocket  | X12                                  |              |
| Other monthly expenses not listed above:<br><input type="text"/>   | X12                                  |              |
| <b>Total Expenses in 2019 (MUST include values from previous page)</b>   | \$                                   | \$           |



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|  |  |                                    |
|--|--|------------------------------------|
| <p><b><i>Did your parent's 2019 expenses exceed 2019 income?</i></b> If YES, please attach a signed statement with any relevant details, including how you and your parents were able to meet your 2019 expenses. In addition to explaining how you or your parents were meeting 2019 expenses, you may provide any additional information concerning your family's income and/or expenses that you wish to share with us. If you or your parents used a loan or credit card(s) to meet your expenses, you must also submit a copy of the loan promissory note or credit card statement(s) to verify this.</p> | <p><input type="checkbox"/> Yes<br/><b>Statement is REQUIRED. Please attach signed statement to this form.</b></p> | <p><input type="checkbox"/> No</p> |
|--|--|------------------------------------|

**If there are any special circumstances regarding your expenses, please note them here:**

**CERTIFICATION STATEMENT:** I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated. The student and one parent whose information was reported on the FAFSA must sign and date this form.

STUDENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_