

PARENT MONTHLY INCOME AND EXPENSE STATEMENT (MIEP)

Total gross income is one of the factors used in the federal formula to determine your eligibility for financial assistance. On your financial aid application, the total gross income your parent(s) reported does not appear sufficient to meet basic living expenses. To assist us in evaluating your financial circumstances, we need to determine all sources of your parent's income, as well as an estimate of your parent's living expenses, such as food, clothing, utilities, housing, medical, transportation, etc.

Have your parent(s) complete Sections I, II, and III below. Sign and return this form to our office. If additional space is needed, you may attach additional pages to this form. Response to this request for information is required as your financial aid eligibility cannot be determined until this form is submitted to our office.

SECTION I. Parent's Monthly Expenses

Please provide information regarding your family's average monthly expenses for years 2006 and 2007. If you share expenses with others, indicate only the portion of expenses incurred by you and your dependents. Next to each item, fill in the dollar amount of your average monthly expenses for that item. If an expense occurs that is other than monthly, please estimate the expense for the year and divide by twelve (12) to determine the monthly average. All items must be complete. If an item does not apply, please enter "N/A" (not applicable) for that item.

Do you (parents) share living expenses with others? YES NO

If YES, with whom? _____

Do you (parents) pay rent? YES NO Do you (parents) pay mortgage? YES NO
If you answered NO to both, please explain in Section III.

EXPENSE ITEM:	2006 AVERAGE AMOUNT PER MONTH	2007 AVERAGE AMOUNT PER MONTH
1. Mortgage/rent	\$ _____	\$ _____
2. Food	\$ _____	\$ _____
3. Clothing	\$ _____	\$ _____
4. Utilities (gas, electric, phone, etc.)	\$ _____	\$ _____
5. Transportation (Car payment or bus passes)	\$ _____	\$ _____
6. Gasoline and auto maintenance	\$ _____	\$ _____
7. Medical/health/dental expenses (Not covered by insurance)	\$ _____	\$ _____
8. Education costs (Not covered by financial aid)	\$ _____	\$ _____
9. _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____
11. _____	\$ _____	\$ _____
12. _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

>>PLEASE COMPLETE THE REVERSE SIDE<<

SECTION II. Sources of Income

Please list all sources of income that are used to offset the expenses you listed on the previous page. Please be specific.

SOURCE OF INCOME:	2006 GROSS INCOME PER MONTH	2007 GROSS INCOME PER MONTH
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL (must equal or exceed Section I totals)	\$ _____	\$ _____

SECTION III. Additional Explanations

Please provide any additional explanations that would help us understand how you meet your family's living expenses. If your financial circumstances have recently changed or if you anticipate a change in the near future, you may explain these changes in this section as well. Additional pages and documentation may be attached, if needed.

CERTIFICATION:

I/we certify that the information in Sections I, II, III is correct and to the best of my/our knowledge.

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Father's (or Step-father) Name (please print) _____

Mother's (or Step-mother) Name (please print) _____

We can be reached at (please provide a daytime phone number) (_____) _____