



Office of Financial Aid  
 J. Sargeant Reynolds Community College  
 1651 E. Parham Rd.,  
 Richmond, VA 23228  
 Georgiadis Hall  
 Room 202

Fax: 804-371-3739  
 E: findaid@reynolds.edu  
 T: 855-874-6682

## Parent Income and Expense Worksheet

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Student ID

### A. Monthly Expenses

- Next to each item, fill in the dollar amount of your family's average monthly expenses.
- If your family shares expenses with others, indicate only that portion of expenses, which your family pays.
- If an expense occurs other than monthly, convert it to a monthly average.
- Fill in all items. If an item does not apply, indicate this by writing "N/A."

Does your family share living expenses with others?                      Yes                      No

If yes, provide the name and relation to the student, if any: \_\_\_\_\_

Does your family pay rent?    Yes                      No

Does your family pay a mortgage?    Yes                      No

If "No" to both, provide an explanation of housing expenses: \_\_\_\_\_

	2020 Average Amount Per Month	2021 Average Amount Per Month
Home Mortgage/Rent	\$	\$
Other Mortgage/Rent	\$	\$
Business Mortgage	\$	\$
Food and Household Supplies	\$	\$
Clothing	\$	\$
Utilities (Gas, Electric, Phone, Water, Heating)	\$	\$
Gasoline and Auto Maintenance	\$	\$
Public Transportation	\$	\$
Medical/Health Expenses Not Covered by Insurance	\$	\$
Contributions to Retirement Accounts	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
<b>TOTAL MONTHLY EXPENSE</b>	\$	\$



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**B. Source of Income**

Please list all sources of income, such as the gross amount of income from work (before taxes and deductions), unemployment benefits, disability benefits, credit card advances, personal loans, gifts from family members, savings, business draws, rental income, earned interest or dividend.

The Office of Financial Aid will calculate your taxes as part of the evaluation for financial aid.

SOURCE OF INCOME (Please specify)	2020 Average Amount per Month	2021 Average Amount per Month
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$

**C. Other Assistance Sources**

Are any of your family's expenses paid by another person or organization?      Yes                  No

If yes, complete below.

Expense Paid and Name of Person(s)/Organization(s) Paying for It	2020 Average Amount per Month	2021 Average Amount per Month

**D. Certification**

By signing this statement, we certify that all the information reported on this form in support of the student's application for financial assistance is complete and correct to the best of my/our knowledge

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date