



PARENT DOCUMENTATION OF LIVING RESOURCES

STUDENT INFORMATION

AID YEAR: 23/24

LLU ID# or Social Security Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ F \_\_\_\_\_

PARENT DOCUMENTATION OF LIVING RESOURCES

D 2023-2024 FAF A , 2021.

MONTHLY INCOME

- 1. F E \$ \_\_\_\_\_
2. E \$ \_\_\_\_\_
3. C \$ \_\_\_\_\_
4. / C \$ \_\_\_\_\_
5. B / A F \$ \_\_\_\_\_
6. \$ \_\_\_\_\_
7. (financial aid, family or public assistance, etc.) \$ \_\_\_\_\_
Total Monthly Income \$ \_\_\_\_\_

MONTHLY EXPENSES

Monthly Food/Rent/Utilities

- 1. F \$ \_\_\_\_\_
2. / \$ \_\_\_\_\_
3. ( ) \$ \_\_\_\_\_
E \$ \_\_\_\_\_
/ / \$ \_\_\_\_\_

Monthly Transportation Costs

- 1. C \$ \_\_\_\_\_
2. \$ \_\_\_\_\_
3. / - \$ \_\_\_\_\_
4. C \$ \_\_\_\_\_
5. ( - ) \$ \_\_\_\_\_
6. / \$ \_\_\_\_\_

Monthly Personal Costs

( / , / , ...) \$ \_\_\_\_\_

Miscellaneous Costs

- 1. E \$ \_\_\_\_\_
2. C C \$ \_\_\_\_\_
3. C C \$ \_\_\_\_\_
4. D \$ \_\_\_\_\_
5. ( ) \$ \_\_\_\_\_
Total Monthly Expenses \$ \_\_\_\_\_

ADDITIONAL EXPENSE INFORMATION

REQUIRED SIGNATURE

I certify that all information reported on this form is complete and correct.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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