

NATIONAL UNIVERSITY
Financial Aid Office
11355 North Torrey Pines Road
La Jolla, CA 92037-1011
(858) 642-8500

2010-2011

Student Name: _____

Student ID: _____

STATEMENT OF LIVING EXPENSES

Financial aid is intended to assist with educational costs that remain after the student's Expected Family Contribution (EFC) has been taken into account. The main factor in determining a student's EFC is his/her reported income for the **2009** calendar year. In reviewing your request for financial aid, we found your (and your spouses', if married, or parents') income for the **2009** calendar year to be unusually low. In order to continue processing your award, you must explain how you were able to meet your expenses for **2009**. Please complete the information below.

Important: Your award package for the 2010-2011 school year is determined using your 2009 financial data. The income and expenses reported on this form must reflect this time frame (January 2009 - December 2009).

2009 Expenses and Resources

1. List your educational (college) cost for the 2009 (12 month calendar year) (include the cost for tuition and books) \$ /yr.
 ▶ List the source of income which paid for your school expenses:
 Name of college: _____
2. List the **monthly** amount you paid for the cost of housing and utilities during 2009 \$ /mo.
 ▶ List the source of income which covered these expenses: _____
3. List the approximate **monthly** amount you paid for food during the 2009 year..... \$ /mo.
 ▶ List the source of income which paid for this expense: _____
4. List the **monthly** amount you paid for the cost of transportation during the 2009 year... \$ /mo.
 ▶ List the source of the income which covered these expenses: _____
5. List the **monthly** amount you paid for miscellaneous expenses during the 2009 year... \$ /mo.
(include clothing, recreation, insurance, and other personal expenses)
 ▶ List the source of the income which paid for these expenses: _____

Certification

I certify that all the information reported on this statement is true and complete to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Office Use Only

Counselor Worksheet

Expenses	Resources
Tuition and Books: \$ _____	Taxable Income: \$ _____
Housing: \$ _____	Untaxed Income: \$ _____
Food: \$ _____	_____ \$ _____
Transportation: \$ _____	_____ \$ _____
Miscellaneous \$ _____	_____ \$ _____
Total 2009 expenses: \$ _____	F/A: _____ \$ _____
	_____ \$ _____
	_____ \$ _____
	Other: _____ \$ _____
	_____ \$ _____
	Total 2009 Resources: \$ _____

** Remember, the total expenses and resources must be within \$1200.00 of each other

Comments:

Counselor: _____

Date: _____