MNEX19

Plymouth State UNIVERSITY

FINANCIAL AID TEAM "A Team You Can Count On"

Student/Spouse Monthly Expense Form

Student's Name (please print) _____ PSU ID # _____ Phone Number _____

Your living expenses may differ from the allowances determined by our office. Please provide us with your actual **monthly** expenses, so that we may review your financial aid eligibility and make any appropriate adjustments. We will inform you of the outcome through email.

Please **circle** the specific enrollment periods you will be attending classes between 07/01/2018- 06/30/2019.

Summer 2018 Fall 2018 Winter 2019 Spring 2019

Please list your **monthly** expenses for the following items:

Rent/Mortgage Payment*	$
Electricity	$
Heat	$
Telephone	$
Food/Household Supplies	$
Medical/Dental*	$
Transportation (Cannot include car payments or car insurance)	$
Child care*	$
Other **	$
Total Monthly Expenses	**$**

* A copy of your last two canceled rent/mortgage checks must accompany this form, as well as documentation of child care and medical/dental expenses not covered by insurance.

** Other monthly expenses and additional comments or explanations should accompany this form.

Student's Signature _____ Date _____

Spouse's Signature (if applicable) _____ Date _____

Please return this completed form to: ***PSU Financial Aid Team, MSC #18, 17 High St, Plymouth, NH 03264***
Fax: 603-535-2627 - Phone: 603-535-2338 - Toll Free: 877-846-5755
finaid@plymouth.edu – go.plymouth.edu/aid