



PARENT DOCUMENTATION OF LIVING RESOURCES

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STUDENT INFORMATION

AID YEAR: 26/27

LLU ID# or Social Security Number: _____

Student Name: Last _____ First _____ Middle _____

PARENT DOCUMENTATION OF LIVING RESOURCES

Due to the minimal amount of income reported on your 2026-2027 FAFSA application, additional clarification of your situation is being requested. Please complete the following parental information below by providing expense and resource information for calendar year 2025. You may be asked to provide additional documentation to support your answers.

MONTHLY INCOME

- | | | | |
|-------------------------------|----------|--|----------|
| 1. Father's Earnings | \$ _____ | 5. Welfare Benefits/TANF | \$ _____ |
| 2. Mother's Earnings | \$ _____ | 6. Social Security | \$ _____ |
| 3. Child Support Received | \$ _____ | 7. Other Sources (<i>financial aid, family or public assistance, etc.</i>) | _____ |
| 4. Unemployment/Workers Comp. | \$ _____ | | \$ _____ |
| | | | \$ _____ |
| | | Total Monthly Income | \$ _____ |

MONTHLY EXPENSES

Monthly Food/Rent/Utilities

- | | |
|------------------------|----------|
| 1. Food | \$ _____ |
| 2. Mortgage/Rent | \$ _____ |
| 3. Utilities | |
| Phone (including cell) | \$ _____ |
| Gas | \$ _____ |
| Electricity | \$ _____ |
| Water/Sewage/Garbage | \$ _____ |

Monthly Transportation Costs

- | | |
|---------------------------|----------|
| 1. Car Payment | \$ _____ |
| 2. Gas | \$ _____ |
| 3. Oil/Tune-up | \$ _____ |
| 4. Car Insurance | \$ _____ |
| 5. Repairs (non-cosmetic) | \$ _____ |
| 6. License/Registration | \$ _____ |

Monthly Personal Costs

(clothing/uniforms, grooming/sundries, etc...) \$ _____

Miscellaneous Costs

- | | |
|------------------------------|----------|
| 1. Unreimbursed Medical Exp. | \$ _____ |
| 2. Child Care | \$ _____ |
| 3. Credit Cards | \$ _____ |
| 4. Donations | \$ _____ |
| 5. Other (list) | _____ |

_____ \$ _____
_____ \$ _____
Total Monthly Expenses \$ _____

ADDITIONAL EXPENSE INFORMATION

On this form, you have provided detailed information about your monthly expenses. If your monthly expenses were greater than your monthly income, please indicate how you were able to meet your monthly expenses.

REQUIRED SIGNATURE

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

Parent's Signature: _____ Date: _____ / _____ / _____

Mail form to: LLU Office of Financial Aid, 11139 Anderson St., Loma Linda, CA 92350, or Fax to: (909)558-4283

If you have any questions please email Finaid@llu.edu or call (909) 558-4509

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