



## Student/Spouse Monthly Expense Form

**Student 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 annual cost of attendance 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 07/01/2020- 06/30/2021.

Summer 2020

Fall 2020

Early Spring 2021

Spring 2021

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

Rent/Mortgage Payment *	\$
Utilities (Electricity, Heat, Phone)	\$
Food/Household Supplies	\$
Transportation (Cannot include car payments or car insurance)	\$
Child care *	\$
Other **	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

\* A copy of your last two canceled rent/mortgage checks and documentation of child care must accompany this form

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

Student Signature

*(Electronic signatures will not be accepted.)*

Date

Spouse Signature (if applicable)

*(Electronic signatures will not be accepted.)*

Date

**Student Financial Services, 17 High Street, MSC #19, Plymouth, NH 03264**

Phone (603) 535-2338; Toll Free (877) 846-5755; Fax (603) 535-2627; [finaid@plymouth.edu](mailto:finaid@plymouth.edu); [go.plymouth.edu/aid](http://go.plymouth.edu/aid)