Immigration Response Team
University of Minnesota

FINANCIAL INFORMATION

IMPORTANT: Please download and reopen this form before you start entering your information. To avoid delays, please only upload a fully completed form when you submit your application.

RESOURCES/ASSETS–Please complete to the best of your ability

In the following table, enter the amount of resources and funds that you have over the current semester and the two previous semesters (do not include summer). If you do not receive any funds/resources from a source listed below, enter "0" (zero).

Note: The amounts in this section should be for your total assets in a SEMESTER	CURRENT SEMESTER Semester / Year	PREVIOUS SEMESTER 1 Semester / Year	PREVIOUS SEMESTER 2 Semester / Year
Your earnings after taxes (if applicable)			
Loans			
Grants, Scholarships, Fellowships (list graduate assistantships as earnings)			
Personal Savings			
Aid from parents, guardian, relatives or friends (if any)			
Investment/Money Market Accounts (parents, spouse and self, if any)			
Spouse's income after taxes (if any)			
Spouse's Savings (if any)			
TOTALS per semester	0	0	0

MONTHLY LIVING EXPENSES–Please complete to the best of your ability

List your actual MONTHLY expenses. Do not include the cost of tuition, fees and health insurance; enter an amount or zero (0) in each space.

Note: The amounts in this section should be for your total expenses in A MONTH	CURRENT SEMESTER Semester / Year	PREVIOUS SEMESTER 1 Semester / Year	PREVIOUS SEMESTER 2 Semester / Year
Rent			
Food (groceries)			
Utilities (heat, electricity, gas)			
Child (child care, clothing, etc.)			
Phone			
High Speed Internet			
Cable TV			
Car (payment, gas, maintenance and insurance)			
Credit Card Payments			
Entertainment, including restaurants			
Clothing			
Miscellaneous (personal maintenance)			
TOTALS per month	0	0	0

ADDITIONAL EXPENSES if applicable–Please complete to the best of your ability						
Note: The amounts in this section should be for your total MONTHLY expenses	CURRENT SEMESTER		PREVIOUS SEMESTER 1		PREVIOUS SEMESTER 2	
	Semester	Year	Semester	Year	Semester	Year
Medical Expenses (prescription medications, treatments not covered through insurance, etc.)						
Dental Expenses						
Professional Development Activities (conference attendance, workshops, etc.)						
TOTALS per month	0		0		0	

Do you have any additional expenses to support family members such as parents, guardians, siblings, or other relations?

Use this space if you would like to share more information

Thank you for completing this worksheet. We will contact you with any questions.

IMMIGRATION RESPONSE TEAM • (612) 624-4224 • immigration@umn.edu • immigration.umn.edu