

**MT. SAN ANTONIO COLLEGE
FINANCIAL AID OFFICE**

RETURN TO:
Mt. San Antonio College
Financial Aid Office
1100 N. Grand Avenue
Walnut, CA 91789



2015-16 BUDGET REPORT – DEPENDENT STUDENT

Student's Name: _____

Date: _____

Mt. SAC ID #: _____

The parent income reported on your 2015-16 Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Additional information is needed to assist us in calculating your family's financial status. Please **complete** this form in its entirety with your parent(s) and submit it to Mt. San Antonio College's Financial Aid Office.

Actual 2014 Expenses
List the average **MONTHLY** expenses paid by your PARENT(S).

Description of Expense	Monthly Expenses for 2014
Residence payment (rent or mortgage)	\$
Property Taxes & Insurance on Residence	\$
Utilities & Telephone	\$
Food	\$
Clothing	\$
Laundry & Cleaning	\$
Un-reimbursed Medical & Dental Expenses	\$
Child Care	\$
Car Payments	\$
Car Insurance	\$
Gasoline or other transportation	\$
Child Support/Alimony (paid by you or another family member)	\$
Other Personal Expenses (specify):	\$
Total Monthly Expenses	\$

Please list all the **MONTHLY** resources that your parent(s) used to meet the expenses listed above. Be sure to include all wages, AFDC, child support, unemployment benefits, social security benefits, SSI and/or any **cash** received.

Resources	Monthly Amount Received for 2014
1.	
2.	
3.	
4.	

I understand that by signing this form I agree, if asked, to provide information that will verify the accuracy of the completed form. Also, I certify that I understand that **Mt. San Antonio College's Financial Aid Office has the authority to verify information reported on this form with other federal and state agencies.** I further understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____