

**RETURN TO:**

Office of Financial Aid
Mt. San Antonio College
1100 N. Grand Ave
Walnut, CA 91789

Student's Name: _____

Mt. SAC ID#: _____ Date: _____

2016-2017 EXPENSE AND INCOME STATEMENT-DEPENDENT

Provide expense income information for 2015 calendar year.

SECTION A: MONTHLY INCOME

Complete the following information below. If a **ZERO** income is reported for parents, please submit a letter explaining how your family meets expenses reported below.

2015 Monthly Income – Student's Parent(s)

Student's Mother/Stepmother Income: \$ _____

Student's Father/Stepfather Income: \$ _____

Savings/ Other Assets: \$ _____

Other Resources: \$ _____

Monthly Income Total: \$ _____

List Resources below (include: financial aid, monetary gifts, interest income, rental income, etc.)

SECTION B: MONTHLY EXPENSES

Complete the following information below. If expenses exceed income, please include a letter explaining how your family meet your expenses (include other sources of support) with the income reported above.

2015 Monthly Expenses - Student's Parent(s)

Rent/Mortgage: \$ _____

Food/Utilities: \$ _____

Transportation: \$ _____

Medical/Dental: \$ _____

Personal: \$ _____

Other expenses: \$ _____

Monthly Expenses Total: \$ _____

Explain other expenses below:

SECTION C: REVIEW AND SIGN:

My signature below certifies that this information is true. I authorize verification of this information by the Office of Financial Aid. I will contact the Office of Financial Aid if the projected income reported above changes at any time.

Student Signature_____
Date_____
Parent Signature_____
Date