

**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-INDEPENDENT

Provide expense income information for 2015 calendar year.

SECTION A: MONTHLY INCOME

Complete the following information below. If a **ZERO** income is reported for the student and/or spouse, please submit a letter explaining how you meet expenses reported below.

2015 Monthly Income --Student (include spouse, if applicable)

Student Income: \$ _____

Spouse 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. Parent information is required for "dependent" students only. If expenses exceed income, please include a letter explaining how you and your family meet your expenses (include other sources of support) with the income reported above.

2015 Monthly Expenses -- Student (include spouse, if applicable)

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