

**RETURN TO:**

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

Student's Name: _____

Mt. SAC ID#: _____ Date: _____

2017-2018 EXPENSE AND INCOME STATEMENT - DEPENDENTProvide expense income information for 2015 calendar year. **Form must be completed in blue or black ink.****SECTION A: MONTHLY INCOME**

The parent income reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Additional information is needed to assist us in evaluating your family's financial strength. **Please enter "0", if the income/assets/resources do not apply to you.**

2015 MONTHLY Income - Student's Parent(s)

Student's Mother/Stepmother Income from work: \$ _____

Student's Father/Stepfather Income from work: \$ _____

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. **Please enter "0", if the appropriate expenses do not apply to you.**

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**

At least one parent must sign this form. By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student's Signature_____
Date_____
Parent's Signature_____
Date