



2018-2019 EXPENSE AND INCOME STATEMENT - DEPENDENT

Complete form in blue or black ink

Provide expense income information for 2016 calendar year.

STEP 1: DEPENDENT STUDENT'S INFORMATION

_____ Student's Last Name Student's First Name Student's M.I. Student's Mt. SAC ID Number Date

STEP 2: 2016 MONTHLY INCOME – STUDENT'S PARENT(S)

The parent income reported on your 2018-2019 Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Additional information is needed to evaluate your family's financial strength. Enter "0", if the income listed does not apply.

Type of Income	2016 Monthly Income Amount
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.):

STEP 3: 2016 MONTHLY EXPENSES – STUDENT'S PARENT(S)

If parent(s) expenses exceed income, include a letter explaining how your family meet your expenses (include other sources of support) with the income reported above. Enter "0", if the appropriate expenses do not apply to you.

Type of Expenses	2016 Monthly Expense Amount
Rent / Mortgage:	\$
Food / Utilities:	\$
Transportation:	\$
Medical / Dental:	\$
Personal:	\$
* Other expenses:	\$
Monthly Expenses Total:	\$

- Explain other expenses below:

STEP 4: 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:** _____