



**2018-2019 EXPENSE AND INCOME STATEMENT - INDEPENDENT**

**Complete form in blue or black ink**

Provide expense income information for 2016 calendar year.

**STEP 1: INDEPENDENT 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 (include spouse, if applicable)**

The 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 Income from work:	\$ _____
Spouse Income from work:	\$ _____
Savings / Other Assets:	\$ _____
Other Resources:	\$ _____
<b>Monthly Income Total:</b>	<b>\$ _____</b>

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

\_\_\_\_\_

\_\_\_\_\_

**STEP 3: 2016 MONTHLY EXPENSES – STUDENT (include spouse, if applicable)**

If expenses exceed income, include a letter explaining how you and 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:	\$ _____
<b>Monthly Expenses Total:</b>	<b>\$ _____</b>

- Explain other expenses below:

\_\_\_\_\_

\_\_\_\_\_

**STEP 4: REVIEW AND SIGN**

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:** \_\_\_\_\_

**Spouse’s Signature (optional):** \_\_\_\_\_ **Date:** \_\_\_\_\_