



INCOME/EXPENSE STATEMENT 2015-2016

Financial Aid

2500 E. Nutwood Ave.
Fullerton, CA 92831
(714) 879-3901 x2638
FAX (714) 681-7421

Please provide a detailed breakdown of your family's 2014 expenses and income source. The Office of Financial Aid is requesting this data because your family income reported on your 2015/2016 FAFSA does not appear to be sufficient to meet living expenses.

Student's Name: _____ ID#: _____

2014 Expenses

Please itemize your household 2014 expenses as follows:

	Monthly		Yearly
2014 Mortgage or rent	\$ _____	x12	\$ _____
2014 Utilities	\$ _____	x12	\$ _____
2014 Phone/Cell Phone	\$ _____	x12	\$ _____
2014 Food/Personal Expenses	\$ _____	x12	\$ _____
2014 Car Payment	\$ _____	x12	\$ _____
2014 Medical/Dental Insurance/Exp.	\$ _____	x12	\$ _____
2014 Gas/Vehicle Insurance	\$ _____	x12	\$ _____
2014 Child Care	\$ _____	x12	\$ _____
2014 Other Expenses	\$ _____	x12	\$ _____

2014 Income Sources

Please list dollar amount regarding sources of income in 2014 beyond employment: (Ex: SSI, SNAP, Child Support received, unemployment, etc.)

Source	Yearly Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

In 2014 did you receive free housing: Yes No

If yes, how much would it have cost you per month to rent a similar place \$ _____

Address of residence _____

In 2014 were you given money to pay bills and/or groceries: Yes No

If yes, what was the total amount contributed in 2014 \$ _____

Student Signature

Date

Parents Signature

Date