

Print Student's Name \_\_\_\_\_

Student's ID Number \_\_\_\_\_

**POMONA COLLEGE  
OFFICE OF FINANCIAL AID  
2010 Parent Monthly Income & Expense Statement**

Complete this worksheet and **return it to the Office of Financial Aid, within ten days of its receipt**, in order to ensure that your financial aid is processed in a timely manner.

**A. Monthly Expenses**

Next to each item, fill in the dollar amount of your family's average monthly expenses. If your family shares expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Fill in all items. If an item does not apply, indicate this by writing "N/A."

Does the family share living expenses with others?     Yes                       No  
If yes, with whom? \_\_\_\_\_

Does the family pay rent?                                       Yes                       No  
Does the family pay a mortgage?                               Yes                       No  
If NO to both, please explain : \_\_\_\_\_

<b>EXPENSES</b>	<b>Average Amount per Month in 2009</b>	<b>Average Amount per Month in 2010</b>
Home Mortgage/Rent	\$	\$
Other Mortgage/Rent	\$	\$
Business Mortgage	\$	\$
Farm Mortgage	\$	\$
Food and Household Supplies	\$	\$
Clothing	\$	\$
Utilities (Gas, Electric, Phone, Water, Heating)	\$	\$
Gasoline and Auto Maintenance	\$	\$
Public Transportation	\$	\$
Medical/Health Expenses NOT Covered by Insurance	\$	\$
Contributions to Retirement Accounts	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$	\$

*Make certain that all sections are complete and mail or fax to the following address:*

**Office of Financial Aid  
550 North College Avenue  
Alexander Hall, Room 117  
Claremont, California 91711  
Phone (909) 621-8205  
Fax (909) 607-7941**

(Continued)

## B. Sources of Income

Please list all sources of income that are used to meet the expenses you listed on the front side. Be sure to include all sources of income such as the **gross amount** of wages, unemployment benefits, disability benefits, credit card advances, personal loans, gifts from family members, savings, business draws, rental income, et cetera. The Office of Financial Aid will calculate your taxes. Please be specific:

SOURCE OF INCOME (Please specify)	Average Amount per Month in 2009	Average Amount per Month in 2010
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL MONTHLY INCOME †</b>	\$	\$

† Amount should be equal to or exceed the total monthly expenses. If not, please explain in Section D.

## C. Other Assistance Sources

Are any of your family's expenses paid by another person or organization?  Yes  No  
If yes, complete below.

Expense Paid and Name of Person(s)/Organization(s) Paying for It	Average Amount per Month in 2009	Average Amount per Month in 2010
	\$	\$
	\$	\$
	\$	\$

## D. Explanation/Special Circumstances

Please provide any additional information that would help our office understand how you meet your living expenses. Please explain if your family's financial circumstance have changed in 2010, or if you anticipate a change in the near future.

## E. Certification

By signing this statement, we certify that all the information reported on this form in support of the student's application for financial assistance is complete and correct to the best of my/our knowledge. (At least one parent must sign if you are a dependent student.)

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date