

## 2026-27 Parent Monthly Income & Expense Statement

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

Pomona ID Number (if known) \_\_\_\_\_

### 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, convert it to a monthly average.
- Fill in all items. If an item does not apply, indicate this by writing "N/A."

Does your family share living expenses with others? ☐ Yes ☐ No

If yes, provide the name and relation to the student, if any:

Does your family pay rent? ☐ Yes ☐ No

Does your family pay a mortgage? ☐ Yes ☐ No

If NO to both, provide an explanation of housing expenses:

|                                                  | 2024 Average Amount per Month | 2025 Average Amount per Month |
|--------------------------------------------------|-------------------------------|-------------------------------|
| 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):                          | \$                            | \$                            |
| TOTAL MONTHLY EXPENSES                           | \$                            | \$                            |

## B. Sources of Income

Please list all sources of income such as the gross amount of income from work (before taxes and deductions), unemployment benefits, disability benefits, credit card advances, personal loans, gifts from family members, savings, business draws, rental income, earned interest or dividend.

The Office of Financial Aid will calculate your taxes as part of the evaluation for financial aid.

| SOURCE OF INCOME<br>(Please specify) | 2024 Average Amount per Month | 2025 Average Amount per Month |
|--------------------------------------|-------------------------------|-------------------------------|
|                                      | \$                            | \$                            |
|                                      | \$                            | \$                            |
|                                      | \$                            | \$                            |
|                                      | \$                            | \$                            |
|                                      | \$                            | \$                            |
| <b>TOTAL MONTHLY INCOME †</b>        | \$                            | \$                            |

1† Amount should be equal to or exceed the total monthly expenses. If income is less than expenses, an explanation is required 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<br>Person(s)/Organization(s)<br>Paying for It | 2024 Average Amount per Month | 2025 Average Amount per Month |
|------------------------------------------------------------------------|-------------------------------|-------------------------------|
|                                                                        | \$                            | \$                            |
|                                                                        | \$                            | \$                            |
|                                                                        | \$                            | \$                            |

## D. Explanation/Special Circumstances

Provide any additional information that would help our office understand how you meet your living expenses. Please explain if your family's financial circumstances have changed in 2025, or if you anticipate a change in the near future. Attach a second page if more room is needed.

## 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.)

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature