**Financial Aid** 



## INCOME/EXPENSE WORKSHEET 2022-2023

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

Please provide a detailed breakdown of your family's 2020 expenses and income source. The Office of Financial Aid is requesting this data because your family income reported on your 2022/2023 FAFSA does not appear to be sufficient to meet living expenses. Student's Name: A. 2020 Expenses Please itemize your household 2020 expenses as follows: Monthly Yearly 2020 Mortgage or rent x12 2020 Utilities x12 2020 Phone/Cell Phone x12 2020 Food/Personal Expenses x12 2020 Car Payment x12 2020 Medical/Dental Insurance/Exp. x12 2020 Gas/Vehicle Insurance x12 2020 Child Care x12 2020 Other Expenses x12 **Total Expenses B. 2020 Income Sources** Please list dollar amount regarding sources of income in 2020 beyond employment: (Ex: SSI, SNAP, Child Support received, unemployment, family contribution, etc.) Please attach documentation of untaxed income. Source **Yearly Dollar Amount Total Income** C. If your yearly Total Expenses (section A) exceed your yearly Total Income Source (section B), please list resources used to cover the difference. In 2020 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 2020 were you given money to pay bills and/or groceries: ☐ Yes ☐ No If yes, what was the total amount contributed in 2020 \$ Student Signature Date

Date

Parents Sianature