



# INCOME/EXPENSE STATEMENT 2019-2020

**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 2017 expenses and income source. The Office of Financial Aid is requesting this data because your family income reported on your 2019/2020 FAFSA does not appear to be sufficient to meet living expenses.

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

## 2017 Expenses

Please itemize your household 2017 expenses as follows:

	<b>Monthly</b>		<b>Yearly</b>
2017 Mortgage or rent	\$ _____	x12	\$ _____
2017 Utilities	\$ _____	x12	\$ _____
2017 Phone/Cell Phone	\$ _____	x12	\$ _____
2017 Food/Personal Expenses	\$ _____	x12	\$ _____
2017 Car Payment	\$ _____	x12	\$ _____
2017 Medical/Dental Insurance/Exp.	\$ _____	x12	\$ _____
2017 Gas/Vehicle Insurance	\$ _____	x12	\$ _____
2017 Child Care	\$ _____	x12	\$ _____
2017 Other Expenses	\$ _____	x12	\$ _____

## 2017 Income Sources

Please list dollar amount regarding sources of income in 2017 beyond employment: (Ex: SSI, SNAP, Child Support received, unemployment, family contribution, etc.) Please attach documentation of untaxed income.

<b>Source</b>	<b>Yearly Dollar Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

In 2017 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 2017 were you given money to pay bills and/or groceries:     Yes     No

If yes, what was the total amount contributed in 2017 \$ \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date