

Student Name: _____

Hope College ID Number: _____

We are reviewing your 2017-18 financial aid application and need more information about your annual expenses. Please provide the information requested below. **REPORT ONLY PERSONAL EXPENSES AND NOT THOSE RELATED TO A BUSINESS.**

MONTHLY HOUSEHOLD EXPENSES FOR 2015

- Monthly cost of housing (rent or home mortgage payment) \$ _____
 - Total monthly mortgage payment for all other properties (excluding business related) \$ _____
 - Monthly expense related to home and personal insurance \$ _____
 - Monthly expense for all property taxes (excluding business related) \$ _____
 - Monthly expense for heat, water and electricity \$ _____
 - Monthly expense for telephones, including cell phones \$ _____
 - Total monthly car payment \$ _____
 - Monthly expense related to all car insurance payments \$ _____
 - Monthly expense related to food for your family \$ _____
 - Monthly expense for cable and/or Internet service \$ _____
 - Monthly expense for trash and/or snow removal and lawn care \$ _____
 - Approximate monthly cost of clothing for your family \$ _____
 - Monthly cost for personal expenses including entertainment for all family members \$ _____
 - Total monthly payment on consumer debt (loans, credit cards, etc. not related to parents' business or home) \$ _____
 - Other _____ \$ _____
- Total per month \$ _____

Multiply by 12 to determine annual expenses \$ _____

RESOURCES FOR 2015

Indicate the source(s) and **annual** amount(s) of the funds used to cover the expenses reported above:

<u>Source</u>	<u>Annual Amount</u>	<u>Source</u>	<u>Annual Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return this completed form to the address listed below.

Parent Signature: _____

Date Signed: _____