



Office of Financial Aid • 100 East 8<sup>th</sup> Street • PO Box 9000 • Holland, MI 49422-9000  
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**Student Name:** \_\_\_\_\_

**Hope College ID Number:** \_\_\_\_\_

We are reviewing your 2022-23 financial aid application and need more information about your family's annual expenses. Your parent(s) should provide the information requested below. **REPORT ONLY PERSONAL EXPENSES AND NOT THOSE RELATED TO A BUSINESS.**

**MONTHLY HOUSEHOLD EXPENSES:**

- 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 telephone (including cell phone), cable, internet service \$ \_\_\_\_\_
  - Total monthly car payment \$ \_\_\_\_\_
  - Monthly expense related to all car insurance payments \$ \_\_\_\_\_
  - Monthly expense related to food for your family \$ \_\_\_\_\_
  - 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:**

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

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

**UNTAXED INCOME/BENEFITS:**

Payments to tax-deferred pension and retirement plans for the 2020 tax year. Including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H and S. DO NOT include amounts for code

DD (health benefits). Annual (2020) Amount: \_\_\_\_\_

Other Untaxed Income (please list source and annual amount): \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_