Office of Financial Aid 100 East 8th Street, Suite 230 Holland, MI 49423 P: 616.395.7765 | F: 616.395.7160 finaid@hope.edu hope.edu/financialaid

Expense Statement for Parent

2024-2025

Student Name: Hope Co	Hope College ID Number:	
Ve are reviewing your 2024-25 financial aid application and need more xpenses. Your parent/s should provide the information requested belinose related to a business.		
HOUSEHOLD EXPENSES	MONTHLY AMOUNT	
Housing (rent or home mortgage payment)	\$	
Mortgage for other properties	\$	
Home and personal insurance	\$	
Property taxes	\$	
Heat, water and electricity	\$	
Cell phone, television, internet service	\$	
Car payment	\$	
Car insurance payments	\$	
Food and personal care	\$	
Trash, snow removal, lawn care	\$	
Clothing	\$	
Personal expenses including entertainment for all family members	\$	
Consumer debt payments (loans, credit cards)	\$	
Other:	\$	
Total	Monthly \$	
Total Annual (mon	thly x 12) \$	
RESOURCES Indicate the sources and annual amounts of the funds used to pay the	expenses reported above:	
Source	Annual Amount	
	\$	

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The parent whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Parent Signature:		Date Signed:	
	(cianatura must be in inle)		