Student Name:

Student Signature:

(signature must be in ink)

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 Student

2024-2025

Hope College ID Number:

Housing (rent or home mortgage payment)	MONTHLY AMOUNT
	\$
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 (monthly x 12)	\$
ECOLIDAEC	e 1 1
RESOURCES Indicate the sources and annual amounts of the funds used to pay the expenses Source	
	Annual Amount
ndicate the sources and annual amounts of the funds used to pay the expenses	Annual Amount
ndicate the sources and annual amounts of the funds used to pay the expenses	Annual Amount

Date Signed: