

Expense Statement for Parent

2026-2027

Student Name: Hope Co	ollege ID Number:
We are reviewing your 2026-27 financial aid application and need more xpenses. Your parent/s should provide the information requested be nose 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	nthly x 12) \$
RESOURCES Indicate the sources and annual amounts of the funds used to pay the	expenses reported above:
Source	Annual Amount
	\$

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,

Parent Signature: Date Signed:

you may be fined, sent to prison, or both.

(signature must be in ink)