



Office of Financial Aid • 100 East 8th Street • PO Box 9000 • Holland, MI 49422-9000
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Student Name: _____

Hope College ID Number: _____

We are reviewing your 2021-22 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 2019 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 (2019) Amount: _____

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

Parent Signature: _____ **Date:** _____