RETURN TO:
Office of Financial Aid & Scholarships
Cal Poly Pomona
3801 W. Temple Ave.
Pomona, CA 91768-4008
(909) 869-3700 Phone
(909) 869-4757 FAX

Name of Financial Aid Applicant (please print)

_____
Last First Middle

Bronco Number: _____

2017 – 2018
EXPENSE AND INCOME STATEMENT

Provide expense and income information for the 2015 calendar year. **Parent information is only required for "dependent" students.** Submit a letter if :

- A zero income is reported for the student, spouse and/or parents, explaining how you and your family meet expenses.
- If expenses exceed income, explaining how you and your family meet your expenses (include other sources of support) with the income reported.

Section A: MONTHLY INCOME : Complete the following

Student (include spouse, if applicable)

Student Income: $ _____

Spouse Income: $ _____

Savings/Other Assets: $ _____

Other Resources: $ _____

(include: financial aid, monetary gifts, interest income, parental allowance, free rent, etc. - **List Resources Below**)

_____

_____

Total: $ _____

Student's Parent(s) (Dependents students only)

Student 's Mother/Stepmother Income: $ _____

Student 's Father/Stepfather Income: $ _____

Savings/Other Assets: $ _____

Other Resources: $ _____

(include: financial aid, monetary gifts, interest income, rental income, etc. - **List Resources Below**)

_____

_____

Total: $ _____

Section B: MONTHLY EXPENSES : Complete the following

Student (Include spouse, if applicable)

Rent/Mortgage: $ _____

Food/Utilities: $ _____

Transportation: $ _____

Medical/Dental: $ _____

Personal: $ _____

Other Expenses: (Explain below) $ _____

_____

_____

Total: $ _____

Student's Parent(s) (Dependents students only)

Rent/Mortgage: $ _____

Food/Utilities: $ _____

Transportation: $ _____

Medical/Dental: $ _____

Personal: $ _____

Other Expenses: (Explain below) $ _____

_____

_____

Total: $ _____

Section C: REVIEW AND SIGN

My signature below certifies that this information is true. I authorize verification of this information by the Office of Financial Aid & Scholarships. I will contact the Office of Financial Aid & Scholarships if the information above changes at any time.

_____
Student Signature

Date: _____

_____
Parent Signature (Dependent Students Only)

Date: _____