



Name of Student Financial Aid Applicant (please print):

\_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Return to:**  
**Office of Financial Aid**  
**301 Platt Boulevard**  
**Claremont, CA 91711**  
**Office: (909) 621-8055**  
**Fax: (909) 607-7046**  
**financial\_aid@hmc.edu**

**STUDENT (AND SPOUSE) INCOME UPDATE AND EXPENSE STATEMENT**

Please complete all three sections on both pages of this form and return it to the Office of Financial Aid. If additional space is needed, feel free to attach additional sheet(s). Your response to this request will help us accurately determine your eligibility for financial aid for the 2008-2009 academic year.

**SECTION I – STUDENT'S INCOME (and spouse if applicable)**

	<b>2007 INCOME</b>	<b>2008 ESTIMATED INCOME/RESOURCES</b>
Total Earnings/Wages by Student	\$ _____	\$ _____
Total Earnings/Wages by Spouse	\$ _____	\$ _____
Interest/Dividend Income	\$ _____	\$ _____
Business Profit & Draw	\$ _____	\$ _____
Other Taxable Income (Includes rental income, alimony, pensions, unemployment, annuities, capital gains or losses, or net income from business, farm, royalties, partnerships, estates, trusts, etc.)		
Source: _____	\$ _____	\$ _____
Source: _____	\$ _____	\$ _____
Other Untaxable Income (Includes social security benefits, child support, payments to tax-deferred pensions and savings plans, IRA deductions, payments to self-employed SEP, SIMPLE, Keogh plans, and other qualified plans, AFDC/ADC, TANF, welfare, disability, non-educational veteran's benefits, worker's compensation, cash support from others, housing, food, and other living allowances received by or paid to military, clergy and others, untaxed pensions, tax-exempt interest, earned income credit, etc.)		
Source: _____	\$ _____	\$ _____
Source: _____	\$ _____	\$ _____
Other Income (Includes other sources of income such as amount of living expenses paid by withdrawal of funds from cash, savings, retirement accounts, etc.)		
Source: _____	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	\$ _____	\$ _____

Please provide a brief explanation for the difference between 2007 income and estimated 2008 income on the reverse side of the form. **If the change is due to loss of employment, please provide a letter from your employer and year to date pay stub. If the change is due to medical reasons, please provide documentation from your physician.**

**SECTION II - TYPICAL MONTHLY EXPENSES FOR 2007 AND 2008**

Next to each item below, fill in the dollar amount of typical **monthly expenses** you/your family incurs. If you/your family shares expenses with others, specify this in section III and indicate only the portion of expenses incurred by you/your family. Also list other individuals who contribute toward payment of the household expenses in SECTION III. If an item does not apply, write N/A.

Number of people in household with these expenses. \_\_\_\_\_

Do you pay rent/mortgage? \_\_\_\_\_

Do you pay for food/groceries? \_\_\_\_\_

_____ Yes	_____ No	if NO, explain in Section III
_____ Yes	_____ No	if NO, explain in Section III
2007 TYPICAL		2008 ESTIMATED
MONTHLY EXPENSES		MONTHLY EXPENSES

**GENERAL**

- 1. rent/mortgage
- 2. food/groceries
- 3. clothing

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**UTILITIES**

- 4. gas/electricity
- 5. water
- 6. phone

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**TRANSPORTATION**

- 7. gasoline
- 8. car payments
- 9. car insurance
- 10. bus fare

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**PERSONAL/MISCELLANEOUS**

- 11. medical/dental/optical not covered by insurance
- 12. child care
- 13. elementary/secondary school tuition
- 14. consumer credit
- 15. other (specify): \_\_\_\_\_
- 16. other (specify): \_\_\_\_\_
- 17. other (specify): \_\_\_\_\_

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**TOTAL OF ITEMS 1-17**

\$ _____	\$ _____
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**SECTION III** - Provide any additional explanation that would help us understand how you/your family meets its basic living expenses. If your family's financial circumstances have changed in 2008, explain the change in circumstances as well.

**CERTIFICATION**

I/We certify that the information in Sections I, II and III is true, complete and correct to the best of my (our) knowledge. False statements or misrepresentation will be cause for denial, reduction and/or repayment of financial aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Spouse's Signature (if applicable)

\_\_\_\_\_  
Date