

Financial Aid

Statement of Family Expenses-Dependent



Student Name _____ ID Number _____

Your daughter's financial aid application reported a limited amount of income. We need additional information to explain how you were able to support yourself and your dependents on that income.

1) Do you pay rent or make monthly mortgage payments?

Yes, I pay \$ _____ per month

No, my monthly rent or mortgage payment of \$ _____ is paid by someone else on my behalf

No, my children and I live for free with someone else

Other _____

2) Transportation

My car is paid off

My monthly car payment/lease of \$ _____ is paid for by someone else

I do not have a car

Other _____

3) What other sources of support or income do you have?

Child support of \$ _____ per month

Social Security Disability Income (SSDI) or Social Security Income (SSI)

Social Security Benefits (SSA)

Medicaid or Medicare

Temporary Assistant to Needy Families (TANF)

Supplemental Nutrition Program for Women, Infants and Children (WIC)

Free or reduced price lunch

Supplemental Nutrition Assistance Program (SNAP)

(OVER)

www.saintmarys.edu/financial-aid

Please provide any other information about how you support yourself and your dependents.

I certify that the information listed is a complete and accurate breakdown of our estimated expenses. Furthermore, if any of the above information changes, I/we will immediately notify the Saint Mary's College Financial Aid Office in writing of the changes.

Parent Signature

Date