

# MOUNT HOLYOKE

## FAMILY MONTHLY EXPENSE STATEMENT

**STUDENT NAME:** (Please print) \_\_\_\_\_ **PARENT NAME:** \_\_\_\_\_

In reviewing your financial aid application it appears that your reported family income is too low to support reported expenses such as family rent or mortgage payments. Please complete the following to help us evaluate your financial situation accurately. **If your expenses exceed your income, please explain in detail how you financially manage this.**

**INCOME: (per month)**

Salary	_____	
Interest	_____	
Dividends	_____	
Rental Income	_____	
Business Income	_____	
Social Security	_____	
Pension	_____	
Alimony	_____	
Child Support	_____	
Unemployment Insurance	_____	
Disability	_____	
Other Income (specify):	_____	_____
(including support from family/friends)	_____	_____

**TOTAL INCOME:** \$ \_\_\_\_\_

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**FIXED EXPENSES: (per month)**

Mortgage/rent	_____	
Utilities	_____	
Real Estate Taxes	_____	
Insurance Premiums	_____	
Loan Payments (specify)	_____	_____
	_____	_____
Credit Card Payments	_____	_____
(specify and indicate minimum	_____	_____
payment amount)	_____	_____

**TOTAL FIXED EXPENSES:** \$ \_\_\_\_\_

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**FLEXIBLE EXPENSES: (per month)**

Food	_____	
Clothing	_____	
Commuting/Transportation	_____	
Child Care	_____	
Education	_____	
Other (specify)	_____	_____
	_____	_____
	\$ _____	_____

**TOTAL FLEXIBLE EXPENSES:** \$ \_\_\_\_\_

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**TOTAL EXPENSES:** \$ \_\_\_\_\_ (should equal Fixed + Flexible)

**Email completed form to [sfs@mtholyoke.edu](mailto:sfs@mtholyoke.edu) or mail to:**

Student Financial Services  
Mount Holyoke College  
50 College Street, Skinner Hall  
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Tel (413) 538-2291 Fax (413) 538-2512