

**Mount Ida College - Financial Aid Office**

**2008 Income and Expense Worksheet for 2009-2010 Aid Applicants**

**Student Name:** \_\_\_\_\_

The income listed on your financial aid application materials is unusually low. We are requesting additional data about your household finances so that we may understand your expenses and how you are meeting your financial obligations.

Please indicate all expenses and resources for your household from January 2008 through December 2008 by writing in the amount you pay or receive each month in the categories listed below. For any category in which you had no expense or resource, please write "0."

EXPENSES	COST (average per month)
Rent/Mortgage	\$ _____ *
Electric/Fuel Utilities	\$ _____
Medical Insurance	\$ _____
Car Insurance	\$ _____
Car Payment	\$ _____
Food	\$ _____
Clothing	\$ _____
Telephone	\$ _____
OTHER: (Please provide type)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
* If RENT/MORTGAGE is zero, please explain:	
_____	
_____	
<b>TOTAL EXPENSES \$ _____</b>	

RESOURCES	AMOUNT (average per month)
Work Income	\$ _____
Interest and Dividend Income	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Social Security	\$ _____
Unemployment Compensation	\$ _____
Depletion of Savings	\$ _____
Welfare Benefits	\$ _____
Rent Received	\$ _____
Personal Loan Received: (Please describe)	
_____	\$ _____
Assets Sold/Cashed In: (Please describe)	
_____	\$ _____
OTHER INCOME/BENEFIT: (Please describe)	
_____	\$ _____
FINANCIAL GIFT: (Please include any bills paid on your behalf by someone else, but not considered a loan)	
_____	\$ _____
<b>TOTAL RESOURCES \$ _____</b>	

**RESOURCES - EXPENSES = \$ \_\_\_\_\_**

*Expenses CANNOT Be Greater Than Resources*

**SIGNATURE:** I certify that all the information provided is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**777 Dedham Street, Newton, MA 02459 617-928-4785 fax 617-332-7869**