TO BE COMPLETED IN BLACK INK

DEPENDENT

2016 INCOME & EXPENSE CERTIFICATION

| Student Name: | | ID#: | |
|-------------------------|---|-----------------------------------|-----------------|
| LAST | FIRST M.I. | | |
| SECTION I | | | |
| are not sufficient to i | ree Application for Federal Student Aid, it a meet their living expenses. Indicate below ave any items blank; you MUST either of your parents. | what your parent's basic living | g expenses were |
| | 2016 PARENT EXPENSES | 2016 MONTHLY AMOUNT | |
| | 1. Mortgage/Rent | | |
| | 2. Utilities (i.e. Gas & Electric, phone, w | vater, etc.) | |
| | 3. Food & Clothing | | |
| | 4. Transportation (i.e. maintenance, gas | s, etc.) | |
| | 5. Child Care | | |
| | MONTHLY SUBTOTAL | | |
| | 2016 ANNUAL EXPENSE TOTAL | | |
| | | | |
| SECTION II | | | |
| 1. In 2016, whe | re did your parents live? | riend or Relative | On their own |
| 2. In 2016, did | a friend/relative give your parents money t | for rent or pay rent on their beh | nalf? |
| | Yes □ No | | |

SECTION III

| no Housing/Food Assistance or any other assist | s than their 2016 expenses <u>AND</u> your parents received ance listed in Section 2 above, then you must explain es listed in Section 1. Also <u>include all foreign income</u> 5 dollars (\$). |
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| | |
| I hereby certify that all information reported on this faccurate. I understand that false statements or miswithdrawal, and/or repayment of financial aid funds. | |
| Signature of Student | Date |
| Signature of Parent | Date |

Return To:

Grossmont College Financial Aid Office 8800 Grossmont College Drive El Cajon, CA 92020-1799 FAX: (619) 644-7804