



Name of Financial Aid Applicant		
Last	First	MI
Westmont ID or last four digits of SSN		

Return this form to:
 Office of Financial Aid
 955 La Paz Road
 Santa Barbara, CA 93108
 Fax: 805-565-7157

Documentation of Student Expenses and Resources

*Please list all of your expenses and resources for the period
 January 1, 2010 to December 31, 2010. Be sure to indicate
 values for all items, using zeroes when appropriate.*

Expenses:	<u>Amount per month</u>		<u>Amount per year</u>
1) Housing Costs			
a) Rent or Mortgage	\$ _____	x 12 =	\$ _____
b) Other Real Estate	\$ _____	x 12 =	\$ _____
c) On-campus housing (total before aid)	\$ _____	x 12 =	\$ _____
2) Utilities (use monthly averages)			
a) Gas & Electric	\$ _____	x 12 =	\$ _____
b) Water	\$ _____	x 12 =	\$ _____
c) Telephone	\$ _____	x 12 =	\$ _____
d) Other (specify) _____	\$ _____	x 12 =	\$ _____
3) Transportation			
a) Gas	\$ _____	x 12 =	\$ _____
b) Car payment & insurance	\$ _____	x 12 =	\$ _____
c) Public Transportation	\$ _____	x 12 =	\$ _____
d) Other (specify) _____	\$ _____	x 12 =	\$ _____
4) Other Expenses			
a) Food/Groceries	\$ _____	x 12 =	\$ _____
b) Clothing	\$ _____	x 12 =	\$ _____
c) Recreation/Entertainment	\$ _____	x 12 =	\$ _____
d) Other (specify) _____	\$ _____	x 12 =	\$ _____
5) Educational Expenses			
a) Tuition & Fees (total before aid)	\$ _____	x 12 =	\$ _____
b) Books & supplies	\$ _____	x 12 =	\$ _____
c) Other (specify) _____	\$ _____	x 12 =	\$ _____
	TOTAL EXPENSES		\$ _____
Resources:			
Student Gross Income from Work	\$ _____	x 12 =	\$ _____
Spouse Gross Income from Work	\$ _____	x 12 =	\$ _____
Untaxed Income (attach an itemized list)	\$ _____	x 12 =	\$ _____
Financial Aid (loans, grants, scholarships)			\$ _____
Other Income (attach an itemized list)			\$ _____
	TOTAL RESOURCES		\$ _____

If total expenses were greater than total resources, write on the reverse side of this document a detailed explanation of how you were able to meet your financial obligations.

CERTIFICATION: I/we certify that all information reported on all sections of this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, and/or repayment of financial aid.

 Student's signature

 Spouse's signature