



Name of Student/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, 2015 to December 31, 2015. Be sure to indicate values for all items. Be sure to indicate zero (-0-) or "N/A" where appropriate.*

<b>Expenses:</b>	<u>Average per month</u>		<u>Total for 2015</u>
<b>1) Housing Costs</b>			
a) Rent or Mortgage	\$ _____	x 12 =	\$ _____
b) Other Real Estate	\$ _____	x 12 =	\$ _____
c) On-campus housing (total before aid)	\$ _____	x 12 =	\$ _____
<b>2) Utilities (use monthly averages)</b>			
a) Gas & Electric	\$ _____	x 12 =	\$ _____
b) Water	\$ _____	x 12 =	\$ _____
c) Telephone/Cell phone	\$ _____	x 12 =	\$ _____
d) Other (specify) _____	\$ _____	x 12 =	\$ _____
<b>3) Transportation</b>			
a) Gas	\$ _____	x 12 =	\$ _____
b) Car payment & insurance	\$ _____	x 12 =	\$ _____
c) Public Transportation	\$ _____	x 12 =	\$ _____
d) Other (specify) _____	\$ _____	x 12 =	\$ _____
<b>4) Other Expenses</b>			
a) Food/Groceries	\$ _____	x 12 =	\$ _____
b) Clothing	\$ _____	x 12 =	\$ _____
c) Recreation/Entertainment	\$ _____	x 12 =	\$ _____
d) Other (specify) _____	\$ _____	x 12 =	\$ _____
<b>5) Educational Expenses</b>			
a) Tuition & Fees (total before aid)			\$ _____
b) Books & supplies			\$ _____
c) Other (specify) _____			\$ _____
<b>TOTAL EXPENSES</b>			\$ _____
<b>Resources:</b>			
Student's net income from work	\$ _____	x 12 =	\$ _____
Spouse's net income from work	\$ _____	x 12 =	\$ _____
Untaxed Income (attach an itemized list)	\$ _____	x 12 =	\$ _____
Financial aid (loans, grants, scholarships)			\$ _____
Other income (attach an itemized list)			\$ _____
<b>TOTAL RESOURCES</b>			\$ _____

**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