



Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, Ca. 91768-4008
 (909) 869-3700 (Phone)
 (909) 869-4757 (Fax)

2008-2009 Expense and Income Statement

Please provide expense and income information for the 2007 calendar year. Verification may be required for the information given.

Student Name

Bronco Number

Monthly Income- Please complete the following information below. Parent information is required for "dependent" students only. If a zero income is reported for the student, spouse and/or parents, please submit a letter explaining how you and your family meet expenses reported below.

Student (include spouse, if applicable)

Student Income: \$ _____

Spouse Income: \$ _____

Savings/Other Assets \$ _____

Other Resources \$ _____

(include: monetary gifts, interest income, parental allowance, Free rent, etc. - **List Resources Below**)

Total: \$ _____

Student's Parent(s) (Dependent student's only)

Student's Mother/Stepmother Income: \$ _____

Student's Father/Stepfather Income: \$ _____

Savings/Other Assets \$ _____

Other Resources \$ _____

(include: monetary gifts, interest income, rental income, etc. - **List Resources Below**)

Total: \$ _____

Monthly Expenses- Please complete the following information below. Parent information is required for "dependent" students only. If expenses exceed income, please include a letter explaining how you and your family meet your expenses (include other sources of support) with the income reported above.

Student (include spouse, if applicable)

Rent/Mortgage: \$ _____

Food/Utilities: \$ _____

Transportation: \$ _____

Medical/Dental: \$ _____

Personal: \$ _____

Other Expenses (Explain Below) \$ _____

TOTAL: \$ _____

Student's Parent(s) (Dependent student's only)

Rent/Mortgage: \$ _____

Food/Utilities: \$ _____

Transportation: \$ _____

Medical/Dental: \$ _____

Personal: \$ _____

Other Expenses (Explain Below) \$ _____

TOTAL: \$ _____

My signature below certifies that this information is true. I authorize verification of this information by the Office of Financial Aid & Scholarships, Cal Poly Pomona. I will contact the Office of Financial Aid if the information above changes at any time.

 Parent Signature (Dependent Students Only)

 Student Signature

Date: _____