Hope COLLEGE

Expense Statement for Parents
2023-2024

Office of Financial Aid ▪ 100 East 8th Street ▪ PO Box 9000 ▪ Holland, MI 49422-9000
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Student Name: _____ **Hope College ID Number:** _____

We are reviewing your 2023-24 financial aid application and need more information about your family's annual expenses. Your parent(s) should provide the information requested below. ***REPORT ONLY PERSONAL EXPENSES AND NOT THOSE RELATED TO A BUSINESS.***

MONTHLY HOUSEHOLD EXPENSES:

- Monthly cost of housing (rent or home mortgage payment) $_____
- Total monthly mortgage payment for all other properties (excluding business related) $_____
- Monthly expense related to home and personal insurance $_____
- Monthly expense for all property taxes (excluding business related) $_____
- Monthly expense for heat, water and electricity $_____
- Monthly expense for telephone (including cell phone), cable, internet service $_____
- Total monthly car payment $_____
- Monthly expense related to all car insurance payments $_____
- Monthly expense related to food for your family $_____
- Monthly expense for trash and/or snow removal and lawn care $_____
- Approximate monthly cost of clothing for your family $_____
- Monthly cost for personal expenses including entertainment for all family members $_____
- Total monthly payment on consumer debt (loans, credit cards, etc. not related to parents' business or home) $_____
- Other _____ $_____

Total per month $_____

Multiply by 12 to determine annual expenses **$_____**

RESOURCES:

Indicate the source(s) and **annual** amount(s) of the funds used to pay the expenses reported above:

Source	Annual Amount	Source	Annual Amount
_____	_____	_____	_____
_____	_____	_____	_____

UNTAXED INCOME/BENEFITS:

Payments to tax-deferred pension and retirement plans for the 2021 tax year. Including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H and S. DO NOT include amounts for code

DD (health benefits). Annual (2021) Amount: _____

Other Untaxed Income (please list source and annual amount): _____

Parent Signature: _____ **Date:** _____
(Signature must be in ink)

EXPDEP