



# Income and Expenses – Parent

## 2022-2023

**Office of Financial Aid**  
 1050 North Mills Avenue  
 Claremont, CA 91711-6101  
 909.621.8208  
 Fax: 909.607.1205  
 Financial\_aid@pitzer.edu

\_\_\_\_\_  
**Student Name (please print)**

\_\_\_\_\_  
**Student ID (if known)**

Please provide a breakdown of your family's income and expenses. Please note, not all expenses are recognized for the purposes of determining financial aid eligibility.

### 1. Parent Information

Whose information is reported on this form? (Check all that apply)

- Both Parents     
  Custodial Parent     
  Noncustodial Parent     
  Step-parent

\_\_\_\_\_  
 Parent 1 Name

\_\_\_\_\_  
 Parent 2 Name (if applicable)

### 2. Income and Expenses

Please list all sources of income you received during the **2020** calendar year (January 1, 2020 to December 31, 2020). Please list an average of your monthly expenses. **If something does not apply, please write \$0 or N/A.**

Yearly Income	Monthly Expenses
\$ _____ Income earned from work by Parent 1	\$ _____ Rent/Mortgage
\$ _____ Income earned from work by Parent 2	\$ _____ Food/Groceries
\$ _____ Net business/farm income	\$ _____ Utilities (Gas, Electricity, Water, Trash)
\$ _____ Rental income	\$ _____ Internet/Cable
\$ _____ Interest/dividend income	\$ _____ Telephone
\$ _____ Withdrawals from pensions/annuities	\$ _____ Car Insurance/Car Payment
\$ _____ Severance pay	\$ _____ Child Care
\$ _____ Unemployment benefits	\$ _____ Medical Insurance
\$ _____ Social Security Benefits	\$ _____ Out of Pocket Medical/Dental Expenses
\$ _____ Temporary Aid for Needy Families (TANF)	\$ _____ Recreation/Entertainment
\$ _____ Child support received	\$ _____ Gasoline/Public Transportation
\$ _____ Alimony, Source: _____	\$ _____ Personal Care
\$ _____ Veteran's benefits (non-educational)	\$ _____ Clothing
_____ Housing, food and other living allowances (i.e. military, clergy)	\$ _____ Other 1, Specify: _____
\$ _____ SNAP benefits (aka Food Stamps)	\$ _____ Other 2, Specify: _____
\$ _____ Disability benefits	\$ _____ Other 3, Specify: _____
\$ _____ Other income not previously reported	\$ _____ Other 4, Specify: _____
Specify: _____	
<b>Total Income:</b> \$ _____	<b>Total Expenses:</b> \$ _____



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### 3. Supplemental Questions

If any source of income was due to a one-time event, please clarify below.

If your expenses exceed your income, please clarify how expenses are paid and the source of funding (e.g., family support, untaxed income, etc.).

### 4. Certification

I certify that the information reported on this form and all supporting documentation is true and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date