

2010-2011

STUDENT NAME (PLEASE PRINT)			
LAST _____	FIRST _____		
STREET _____			
CITY _____	STATE _____	ZIP _____	
ID NUMBER _____			

Return to:
 Claremont McKenna College
 890 Columbia Avenue
 Claremont, CA 91711-6425
 (909) 607-0661 FAX
 finaid@claremontmckenna.edu

PARENT CERTIFICATION OF EXPENSES AND INCOME/RESOURCES FOR 2009

Your reported income for 2009 does not appear to be sufficient to cover your cost of living. Please complete this form in order to clarify your annual expenses and sources of income. If Column A (expenses) is greater than Column B (resources) please use the *Comments* section to explain.

COLUMN A		COLUMN B	
<u>FINANCIAL EXPENSES</u>	(yearly totals)	<u>FINANCIAL RESOURCES</u>	(yearly totals)
Rent/mortgage payments	_____	Wages/income	_____
Utilities	_____	Spousal support/child support	_____
Food/household supplies	_____	Agency assistance (AFDC/ADC)	_____
Transportation (bus, car payments, insurance, gas)	_____	Food Stamps	_____
Insurance (health, life)	_____	General Assistance	_____
Health care (medical/dental)	_____	Social Security	_____
Clothing	_____	Unemployment	_____
Dependent care/support	_____	Food Bank	_____
Entertainment (movies, plays, concerts, cable)	_____	Veteran's Benefits	_____
Miscellaneous	_____	Disability benefits	_____
		Other resources	_____
Total Column A	_____	Total Column B	_____

Comments: _____

I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED ON THIS FORM AND ANY ATTACHMENTS HERETO ARE TRUE, COMPLETE AND ACCURATE. FALSE STATEMENTS OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID.

 Mother's/Stepmother's Signature

 Date

 Father's/Stepfather's Signature

 Date