

Riverside Community College District
Student Financial Services

Expense Sheet
2008/2009

Student Name : _____

SSN/Student ID # : _____

Income (s) reported on your 2008-2009 FAFSA was insufficient to determine your financial aid eligibility. Therefore, you need to provide the Student Financial Services Office with additional information in order to enable the office to calculate your Expected Family Contribution.

List the **Average Monthly Money** received in *your* or your *parents' behalf* from other(s) in 2007:

Note: A Dependent Student does not need to report financial support received from parents.

Money Received on Your/Your Parent's Behalf to pay for:	Support Provided by	Student's Monthly Dollar Amount Received	Support Provided by	Parent's Monthly Dollar Amount Received
Food		\$		\$
Clothing		\$		\$
Utilities & Phone		\$		\$
Residence Fee (Rent/Mortgage, Home Owner Insurance, Property Tax)		\$		\$
Transportation Expenses (car payment, gas, insurance or bus fares)		\$		\$
Un-reimbursed Medical and Dental Expenses		\$		\$
Child Care		\$		\$
Other Personal Expenses		\$		\$
Monthly Total		\$		\$
		X 12 months		X 12 months
Annual Total		\$	\$	

All applications for financial assistance programs (i.e. student loans, work compensation, grants, scholarship, special funds, subsidies, prizes, etc.), will be considered by the Riverside Community College District without regard to race, religion, gender, disability, medical condition, marital status, age or sexual orientation

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

By signing this worksheet, I/we certify that all the information reported on it is complete and correct.

 Student's Signature

 Date

 Parent's Signature

 Date