

CMC Student's Full Name:	
CMC Student ID#	

Parent Certification of Expenses for 2017

Please answer the following questions and fill in the dollar amount of the typical **monthly expenses** your family incurs. If your family shares expenses with others, specify this in the additional information section and indicate only the portion of expenses incurred by your family. Also list other individuals who contribute toward payment of household expenses in the additional information section. If an item does not apply, write N/A.

Number of people in household	supported	by these expens	ses:			
Do you pay rent/mortgage?	Rent	Mortgage	Neither	If neither rent nor own	n, provid	le an explanation in the
additional information section.						
Provide the physical address wh	iere you cu	rrently reside (t	his may be o	lifferent from your maili	ng addre	ess).
Address			City			Zip Code
Do you pay for food/groceries?	Yes	No If no		explanation in additiona		•

Sources of Expenses	2017 Typical Monthly Expenses	2018 Estimated Monthly Expenses	
GENERAL			
rent/mortgage	\$	\$	
food/groceries	\$	\$	
clothing	\$	\$	
UTILITIES			
gas/electricity/water	\$	\$	
phone/cable/internet	\$	\$	
TRANSPORTATION			
gasoline	\$	\$	
car payments	\$	\$	
car insurance	\$	\$	
bus fare	\$	\$	
PERSONAL/MISCELLANEOUS			
medical/dental/optical not covered by			
insurance	\$	\$	
child care	\$	\$	
elementary/secondary school tuition	\$	\$	
consumer credit	\$	\$	
OTHER			
expense:	\$	\$	
expense:	\$	\$	
expense:	\$	\$	
TOTAL	\$	\$	



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Additional Information			
I/WE HEREBY CERTIFY THAT ALL INF COMPLETE AND ACCURATE. FALSE WITHDRAWAL, AND/OR REPAYMENT OF	STATEMENTS OR MISR	ON THIS FORM AND ANY ATTACHMEN EPRESENTATION WILL BE CAUSE FOI	TTS HERETO ARE TRUE, R DENIAL, REDUCTION,
Parent 1/Stepparent 1 Signature	Date	Parent 2/Stepparent 2 Signature	Date