Vassar College

Household Expense & Resource Supplement

Student Name: _____ Vassar/Applicant ID #: _____

In order to gain a better understanding of your family's financial situation we need additional information from you:

- Fill in both pages of this worksheet accurately and completely. Report amounts for the current year. If an expense/resource does not occur monthly, convert it to a monthly average. Do not leave any fields blank, indicate "0" for those that do not apply
- Attach documentation of housing cost (i.e. current mortgage statement, apartment lease showing monthly rent, etc.)
- Return completed form and documentation to finaid@vassar.edu

Household Expenses	**Amount per month**
Housing:	
Mortgage Payment *attach current mortgage statement	$
Rent Payment *attach lease agreement	$
Other real estate mortgage (i.e. rental property, vacation)	$
Utilities (gas, electric, oil, water, trash, etc.)	$
Cell Phone	$
Internet, Cable	$
Home Maintenance (repairs, landscaping, housekeeper, etc.)	$
Food, Groceries, and Household Supplies	$
Clothing	$
Entertainment/Recreation/Sports/Travel	$
Child Support/Alimony (paid to: _____)	$
Private Elementary/Secondary School Tuition	$
Medical/Dental Expenses (NOT covered by insurance)	$
Transportation:	
Public Transportation	$
Car Payment: 1) Model/Year _____	$
Car Payment: 2) Model/Year _____	$
Gasoline and Auto Maintenance	$
Insurance:	
Car	$
Home Owner/Renter	$
Health	$
Credit Card Payment: (specify and indicate minimum payment)	
Card 1:_____ Minimum Payment:_____	$
Card 2:_____ Minimum Payment:_____	$
Loan Payment: (specify type/purpose)	
Loan 1:_____	$
Loan 2:_____	$
Other Expenses:	
_____	$
_____	$
TOTAL MONTHLY EXPENSES	$ **0.00**

Vassar College, 124 Raymond Ave, Poughkeepsie, NY 12604-0008
Ph: 845-437-5320 Fax: 845-437-5325 Email: finaid@vassar.edu

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Household Income/Resources	Amount per month
Parent 1:	
Wages/Salary/Tips	$
Self-employment Income	$
Parent 2:	
Wages/Salary/Tips	$
Self-employment Income	$
Rental Income	$
Unemployment Compensation	$
Pension/Retirement Benefits	$
Workers' Compensation/Disability Benefits	$
Social Security Benefits	$
Veteran's Benefits	$
AFDC, TANF, Housing subsidy, State/Government Support, etc.	$
Interest/Dividends/Capital Gains	$
Trust Income	$
Child Support (received from: _____)	$
Alimony (received from: _____)	$
Assistance (loans, gifts, bills paid on your behalf, etc.) from family/friends	$
Credit Card and/or Cash advances	$
Other Resources:	
_____	$
_____	$
_____	$
TOTAL MONTHLY INCOME/RESOURCES	$ **0.00**

Additional Information/Explanation

If total expenses are greater than total income/resources, provide an explanation as to how your family covered the expenses:

Certification and Signature

By signing this statement, I/we certify that the information reported on this form is a complete and accurate account of our household's income and expenses. I agree to provide documentation for the information reported if requested to do so.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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