

Office of Financial Aid

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2024-25 Student Monthly Income

Name _____ Pomona ID Number (if known) _____

A. Monthly Expenses

- x Next to each item, fill in the dollar amount of your (u] o a] e r e monthly expenses.
- x If your family shares expenses with others, indicate only that portion of expenses which your family pays.
- x If an expense occurs other than monthly, convert it to a monthly average.
- x Fill in all items. If an item does not apply, indicate this by writing ^ E I X _

Does your family share living expenses with others? • Yes • No

If yes, provide the name and relation to the student, if any:

Does your family pay rent? • Yes • No

Does your family pay a mortgage? • Yes • No

If NO to both, provide an explanation of housing expenses:

| | 2023 Average Amount per Month | 2024 Average Amount per Month |
|--|-------------------------------|-------------------------------|
| Home Mortgage/Rent | \$ | \$ |
| Other Mortgage/Rent | \$ | \$ |
| Business Mortgage | \$ | \$ |
| Farm Mortgage | \$ | \$ |
| Food and Household Supplies | \$ | \$ |
| Clothing | \$ | \$ |
| Utilities (Gas, Electric, Phone, Water, Heating) | \$ | \$ |

C.