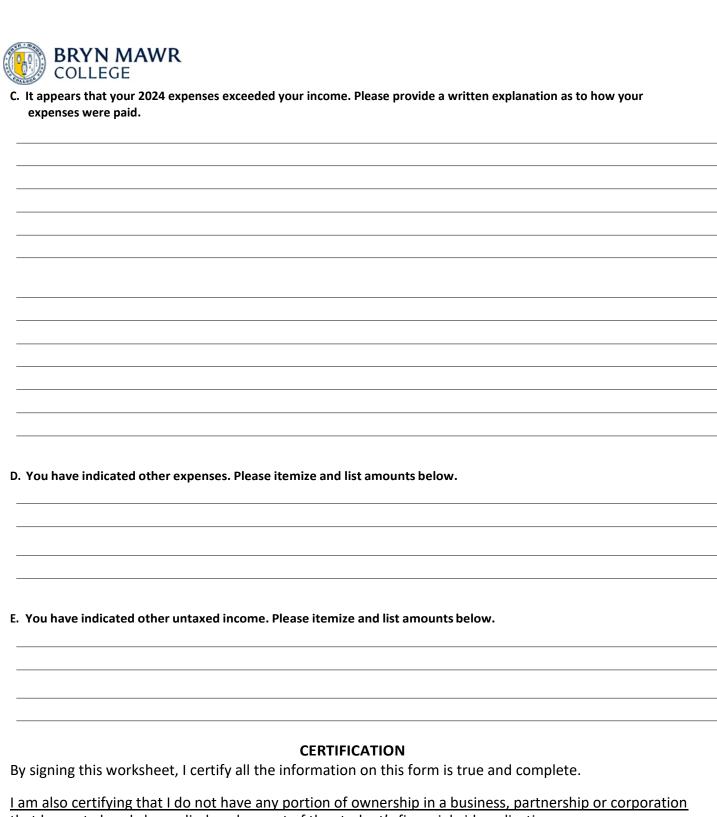


OFFICE OF FINANCAL AID

2026-2027 FEDERAL DEPARTMENT OF EDUCATION VERIFICATION CUSTODIAL/NONCUSTODIAL/STEPARENT(S) EXPENSE BREAKDOWN

Student's Name Complete both sections below fully and sign on reverse. Do not leave any blanks.	Student's Bryn Mawr College ID Enter "0" if applicable.
A. Please estimate the total amount of your family's (parent(s) and student) 2024	calendar year expenses below:
2024 rent/mortgage payments on primary residence and other real estate	per year
2024 food	per year
2024 utilities	per year
2024 internet, cable and cell phone	per year
2024 car payment and insurance	per year
2024 other insurance including life, renters, flood, fire, home-owners, etc.	per year
2024 gasoline and/or other transportation	peryear
2024 personal expenses (including entertainment and vacations)	per year
2024 clothing	per year
2024 credit card payments or payment of debt to others	per year
2024 medical expenses (not paid by insurance, Medicare, or Medicaid)	per year
2024 other expenses - itemize in section D	per year
Total	A
3. Please list all your family sources of income for 2023 which were used to meet	the expenses listed in section A:
2024 income from employment (wages, business/farm income)	<u>p</u> er year
2024 other taxed income (interest/dividend income, alimony,	per year
pensions, annuities, capital gains, etc.)	
2024 unemployment compensation	per year
2024 workers' compensation	per year
2024 Social Security Benefits	per year
2024 public assistance	per year
2024 food stamps received	per year
2024 child support	per year
2024 cash support provided by others	per year
2024 living expenses provided for by others such as free food or	
housing	per year
2024 other untaxed income - itemize sources & amounts in section E	per year
Total B	3 .



that has not already been disclosed as part of the student's financial aid application.

If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, the student may not receive aid.

Student's Signature_____ _____Date______ Parent's/Stepparent's Signature_____ Date_____

Return as a signed PDF to: finaid@brynmawr.edu