BRYN MAWR COLLEGE

OFFICE OF FINANCAL AID

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

Student's Name _____ Student's Bryn Mawr College ID _____

Complete both sections below fully and sign on reverse. Do not leave any blanks. 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	_____per year
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.**_____

B. 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)	_____per year
2024 other taxed income (interest/dividend income, alimony, pensions, annuities, capital gains, etc.)	_____per year
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.**_____

If the total on line A is greater than line B, go to item C on the back of this form.

(over)

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C. It appears that your 2024 expenses exceeded your income. Please provide a written explanation as to how your expenses were paid.

D. You have indicated other expenses. Please itemize and list amounts below.

E. You have indicated other untaxed income. Please itemize and list amounts below.

CERTIFICATION

By signing this worksheet, I certify all the information on this form is true and complete.

I am also certifying that I do not have any portion of ownership in a business, partnership or corporation 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