

Office of Financial Aid Telephone: (415) 257-1350 Fax: (415) 485-3294

50 Acacia Avenue, San Rafael, CA 94901-2298 Email: finaid@dominican.edu
Web site: www.dominican.edu/admissions/aid/howapply.html

## 2013-2014 Family Expense Form

living ex have be Please c	ome reported on your Free Applic expenses (i.e. housing, utilities, etc en included on your FAFSA form	c.). You may have add a allowing you to mee form using 2012 caler	ditional resources (other tha	Phone or Cell Phone Number  appear to be significant to meet your basic n earnings from employment) that should
living ex have be Please c	en included on your FAFSA form omplete sections 1 and 2 on this	c.). You may have add a allowing you to mee form using 2012 caler	ditional resources (other tha	
				a culture and the control of the con
1.		our office to better a		NOT leave anything blank. Indicate a urrent financial situation.
	Estimated Family Expense	<u>s</u>	Monthly	<u>Yearly</u>
	Rent or mortgage payment Property taxes (if separate) Utilities (gas, phone, electric) Insurance: Home or renters	_ _ _		
	Auto Other (i.e., life, theft)	_ _ _		
	Food Clothing (family) Transportation	_		
	Payments for auto Medical and dental Recreation			
	Other			
2.	YOU MUST COMPLET Please provide a detailed explan you can to substantiate your clar	ation of how you met	the above listed expenses for	or 2012. Also, provide any documentation reverse side.
	I (We) hereby affirm that all inf the best of my (our) knowledge. (we) will need to repay it; I (we	I (We) understand th	at if I (we) receive federal s	nt hereto is true, complete, and accurate to student aid based on incorrect information,
	Student Signature			Date
	Parent Signature (custodial pare	nts only)		Date
	Parent email address for follow-	up questions:		