FINANCIAL AID OFFICE STUDENT'S STATEMENT OF BASIC LIVING EXPENSES January 2001 - December 2001

Student's Name:		S	SSN:	
	Last First	Middle		
INSTRUCTIONS : Complete the form by providing 2001 monthly and annual expense amounts for yourself (and spouse, if married). Do not include any expenses covered by food stamps or housing assistance. If you feel explanations are required, please use the back of this form. Do not leave any question blank.				
1. 2. 3. 4. 5. 6.	Rent (if applicable) Mortgage (if applicable; include principal, interest, and tax Utilities (gas, electric, telephone, etc.) Food (at home and away from home) Car Payment(s) Transportation (gas, oil, repairs and/or maintenance, bus passe TOTAL MONTHLY EXPENSES	\$\$ \$\$	- Ö - N - T - H L - L S	
1. 2. 3. 4. 5. 6.	Insurance • Automobile • Homeowner's • Health Clothing Recreation/ Entertainment Medical/Dental expenses <i>not covered by insurance</i> Elementary/Secondary tuition for dependent children Other (please list) TOTAL ANNUAL EXPENSES	\$ \$	A T N O N T U A A L L S	
	TOTAL ANNUAL EXPENSES	\$		

PLEASE NOTE: The expenses you fist on this form will be compared to the total Income you have indicated for 2001. If your repotted expenses are more than your income, you will be asked to explain this discrepancy in writing.

CERTIFICATION: I/we certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.