FINANCIAL AID OFFICE

PARENT'S STATEMENT OF BASIC LIVING EXPENSES January 2002 - December 2002

Stuc	Last	First	Middle	SSN:
amo	unts. Do not include any e		s or housing assis	02 monthly and annual expense tance. If you feel explanations are k .
1. 2. 3. 4. 5.	Utilities (gas, electric, te Food (at home and awa Car Payment(s)	y from home) repairs and/or maintenance, bus passe	\$ \$ \$	
1.	Insurance • Automobile • Homeowner's • Health		\$ \$ \$	
2.	Clothing		\$	N O
3.	Recreation/Entertainment	nt	\$	
4.	Medical/Dental expenses	s not covered by insurance	\$	U A
5.	Elementary/Secondary t	uition for dependent children	\$	A L
6.	Other (please list)		\$	
	TOTAL ANNUAL E	XPENSES	\$	
indi			•	I to the total income you have ne, you will be asked to explain
know	ledge. I agree to provide prod		ted on this form. Fal	olete, and accurate to the best of my se statements or misrepresentation wil

Date

Parent's Signature

Date

Student's Signature