## FINANCIAL AID OFFICE

## PARENT'S STATEMENT OF BASIC LIVING EXPENSES January 2003 - December 2003

Student's Name:				SSN:	SSN:		
	_	Last First	Middle				
amou	nts. Do not incl	Have your parents complete this ude any expenses covered by for the back of this form. <b>Do not l</b> e	od stamps or housing as	sistance. If you fe			
•							
1.	Rent (if applic	able)	\$		M	Т	
2.	Mortgage (if a	pplicable; include principal, interest	, and taxes) \$		0	0	
3.	Utilities (gas,	electric, telephone, etc.)	\$		N	T	
4.	Food (at home	e and away from home)	\$		Т	Δ	
5.	Car Payment(	5)	\$		Н		
6.	Transportation	n (gas, oil, repairs and/or maintenance,	bus passes) \$		L	6	
	TOTAL MO	NTHLY EXPENSES	\$		Y	3	
1.	Insurance • Automobile		\$				
	Homeowne	er's	\$		Α	T	
	<ul> <li>Health</li> </ul>		\$		Ν	0	
2.	Clothing		\$		N	T	
3.	Recreation/En	tertainment	\$		U	Α	
4.	Medical/Denta	l expenses <i>not covered by insurand</i>	re \$		A	L	
5.	Elementary/Se	econdary tuition for dependent child	Iren \$		L	S	
6.	Other (please	list)	\$		_		
	TOTAL AN	NUAL EXPENSES	\$				
indica this a	ated for 2003 discrepancy in	<b>O</b>	re more than your inc	rome, you will be	e asked to o	explain	
knowle	edge. I agree to p	re certify that all information reporter rovide proof of the information that I I uction, withdrawal, and/or repaymen	have reported on this form.				

Date

Parent's Signature

Date

Student's Signature