FINANCIAL AID OFFICE

STUDENT'S STATEMENT OF BASIC LIVING EXPENSES January 2003 - December 2003

Stuc	dent's Name: _		First	N A! - I - II -	SSN:		
(and	spouse, if mari	ried). Do not include	n by providing 2003 mon e any expenses covered b he back of this form. Do	y food stamps	s or housing ass	istance. If y	ourself ou feel
1.	Rent (if applic	cable)		\$		М	
2.	Mortgage (if a	applicable; include pri	ncipal, interest, and taxes)	\$	 	0	T
3.	Utilities (gas,	electric, telephone, e	tc.)	\$		N	0
4.	Food (at hom	e and away from hon	ne)	\$		T	T
5.	Car Payment((s)		\$			Α
6.	Transportatio	n (gas, oil, repairs and/	or maintenance, bus passes)	\$			L
	TOTAL MO	NTHLY EXPENS	ES	\$		Y	S
1.	Insurance • Automobile			\$			
	 Homeowne 	er's		\$		A	T
	 Health 			\$		Ν	0
2.	Clothing			\$	 	Ν	Т
3.	Recreation/Er	ntertainment		\$		U	Α
4.	Medical/Denta	al expenses <i>not cover</i>	red by insurance	\$		A	L
5.	Elementary/S	econdary tuition for d	ependent children	\$		L	S
6.	Other (please	list)		\$		_	
	TOTAL AN	NUAL EXPENSE	S	\$			
indi	cated for 2003	P. If your reported	u list on this form will . I expenses are more tha	•		•	
CER know	rledge. I agree to μ	ve certify that all info provide proof of the info	rmation reported on this for ormation that I have reported nd/or repayment of financial a	on this form. Fa			

Date

Spouse's Signature (if married)

Date

Student's Signature