

FINANCIAL AID OFFICE  
**PARENT'S STATEMENT OF BASIC LIVING EXPENSES**  
**January 2004 - December 2004**

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

**INSTRUCTIONS:** Complete the form by providing 2004 **monthly and annual** expense amounts. 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.	Rent (if applicable)	\$ _____	M O N T H L Y
2.	Mortgage (if applicable; include principal, interest, and taxes)	\$ _____	
3.	Utilities (gas, electric, telephone, etc.)	\$ _____	
4.	Food (at home and away from home)	\$ _____	
5.	Car Payment(s)	\$ _____	
6.	Transportation (gas, oil, repairs and/or maintenance, bus passes)	\$ _____	
	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	

1.	Insurance	\$ _____	A N N U A L S
	• Automobile	\$ _____	
	• Homeowner's	\$ _____	
	• Health	\$ _____	
2.	Clothing	\$ _____	
3.	Recreation/Entertainment	\$ _____	
4.	Medical/Dental expenses <i>not covered by insurance</i>	\$ _____	
5.	Elementary/Secondary tuition for dependent children	\$ _____	
6.	Other (please list) _____	\$ _____	
	<b>TOTAL ANNUAL EXPENSES</b>	<b>\$ _____</b>	

**PLEASE NOTE:** *The expenses you list on this form will be compared to the total income you have indicated for 2004. If your reported 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.

\_\_\_\_\_ Date \_\_\_\_\_ Date  
 Student's Signature Spouse's Signature (if married)