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

Student's Name:					SSN:		
		Last	First	Middle			
(and s	spouse, if mar	: Complete the form k ried). Do not include a quired, please use the	iny expenses covere	d by food stamps (or housing ass	istance. If yo	
1. 2. 3. 4. 5. 6.	Utilities (gas, Food (at hom Car Payment Transportatio	applicable; include princ electric, telephone, etc. e and away from home) (s) n (gas, oil, repairs and/or	,) maintenance, bus passe	\$ \$ \$ s) \$		M O N T H L	T O T A L S
	TOTAL MC	ONTHLY EXPENSE	S	\$		Y	3
1.	Insurance • Automobil	e		\$			
	Homeown	er's		\$		Α	Т
	Health			\$		Ν	0
2.	Clothing			\$		Ν	Т
3.	Recreation/Er	ntertainment		\$		U	Α
4.	Medical/Dent	al expenses not covered	l by insurance	\$		Α	L
5.	Elementary/S	econdary tuition for dep	endent children	\$		L	S
6.	Other (please	e list)		\$			
	TOTAL AN	INUAL EXPENSES		\$			

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.