

FINANCIAL AID OFFICE
STATEMENT OF BASIC LIVING EXPENSES
January 2006 - December 2006

Student's Name: _____ ID#: _____
Last First Middle Last four digits of
 SSN _____

INSTRUCTIONS: Complete this form by providing 2006 **monthly and annual** expense amounts for yourself and your parents. 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.**

| | STUDENT | PARENT | |
|--|-----------------|-----------------|---|
| 1. Rent (if applicable) | \$ _____ | \$ _____ | M O N T H L Y T O T A L S |
| 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) | \$ _____ | \$ _____ | |
| TOTAL MONTHLY EXPENSES | \$ _____ | \$ _____ | |

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

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.

____ Student's Signature Date Parent's Signature Date

NOTE: Please return this form to the Financial Aid Office