



Financial Aid Office

STATEMENT OF BASIC LIVING EXPENSES- DEPENDENT
January 2007 - December 2007

Student's Name: Last First Middle ID#: SSN: XXX-XX-

INSTRUCTIONS: Complete this form by providing 2007 expenses 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.

Table with columns: PART A, STUDENT, PARENT, MONTHLY. Rows include: 1. Rent, 2. Mortgage, 3. Utilities, 4. Food, 5. Car Payment(s), 6. Transportation, TOTAL MONTHLY EXPENSES, TOTAL FOR YEAR (MONTHLY x 12).

Table with columns: PART B, STUDENT, PARENT, ANNUALS. Rows include: 1. Insurance (Automobile, Homeowner's, Health), 2. Clothing, 3. Recreation/Entertainment, 4. Medical/Dental expenses, 5. Elementary/Secondary tuition, 6. Other, TOTAL ANNUAL EXPENSES, PLUS TOTAL FROM PART A.

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