

| STUDENT LIVING EXPENSES | EXPENSES List the amount per month from Jan. 1, 2008 to Dec. 31, 2008. | SUPPORT List the amount per month from Jan 1, 2008 to Dec. 31, 2008. | WHO PAID THIS EXPENSE? |
|---|--|--|---------------------------|
| 1. Housing (rent/mortgage) | \$ | \$ | |
| 2. Child Care | \$ | \$ | |
| 3. Food | \$ | \$ | |
| 4. Utilities | \$ | \$ | |
| 5. Credit Card(s) | \$ | \$ | |
| 6. Medical/Dental | \$ | \$ | |
| 7. Clothing | \$ | \$ | |
| 8. Auto (car payments, Insurance, Maintenance) | \$ | \$ | |
| 9. Other Personal Expenses | \$ | \$ | |
| 10. Total Monthly Expenses/Support | \$ | \$ | |
| 11. Total Yearly Expenses/Support (Line 10 x 12 months) | \$ | \$ | |

Additional Comments: If your income has increased in 2008, please explain how and list your total anticipated income (taxable and nontaxable income) for 2008. Attach a separate sheet if necessary.

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

Student Name _____
(Please Print)

Student Signature _____ Date ____/____/____

Student SS# ____/____/____

Parent Signature _____ Date ____/____/____