



| STUDENT LIVING EXPENSES                                       | EXPENSES<br>List the amount per month from<br>Jan. 1, 2008 to Dec. 31, 2008. | SUPPORT<br>List the amount per month from<br>Jan 1, 2008 to Dec. 31, 2008. | WHO PAID THIS<br>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,<br>Insurance, Maintenance)             | \$                                                                           | \$                                                                         |                           |
| 9. Other Personal Expenses                                    | \$                                                                           | \$                                                                         |                           |
| 10. Total Monthly<br>Expenses/Support                         | \$                                                                           | \$                                                                         |                           |
| 11. Total Yearly<br>Expenses/Support<br>(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.**

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*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# \_\_\_\_/\_\_\_\_/\_\_\_\_