

## 2008 Living Expenses Worksheet

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Please provide the total amount paid for the 12 months of 2008 for each of the expenses listed below.

If some or all of the housing, food, health care or child care was paid for with public assistance, only write in the amount that you or your parent paid. Please place a √ in the PA column if an item was paid for with public assistance.

EXPENSES	STUDENT	PARENT (IF STUDENT IS DEPENDENT)	PA
Housing (mortgage or rent)	\$	\$	
Food	\$	\$	
Utilities (gas, electricity, etc.)	\$	\$	
Medical/Dental (Not covered by Insurance)	\$	\$	
Health Insurance	\$	\$	
Child Care	\$	\$	
Car Payment	\$	\$	
Auto Insurance	\$	\$	
Miscellaneous Expenses (gas, movies, etc.)	\$	\$	
Other	\$	\$	
<b>Total Expenses</b>	\$	\$	
Income Reported on FAFSA	\$	\$	

Please explain how the expenses listed above are paid.

I (we) certify that the information given on this form is accurate and true. I (we) understand that giving false or incomplete information may result in the loss of financial aid eligibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_