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Student ID number

First

Middle

SECTION B: EXPENSES

The form will be returned if you leave a field blank. If the answer is zero enter "o" or "N/A."

| 2019 Student Expenses | Amount Per Month | 2019 Spouse Expenses | Amount Per Month |
|-----------------------------------|------------------|-----------------------------------|------------------|
| Rent/Mortgage | | Rent/Mortgage | |
| Utilities (electric, water, gas) | | Utilities (electric, water, gas) | |
| Telephone/Cell Phone | | Telephone/Cell Phone | |
| Medical/Dental health insurance | | Medical/Dental health insurance | |
| Car payment | | Car payment | |
| Car insurance | | Car insurance | |
| Food/Groceries | | Food/Groceries | |
| Transportation (fuel, bus, train) | | Transportation (fuel, bus, train) | |
| Child Support | | Child Support | |
| Other expenses | | Other expenses | |
| TOTAL EXPENSES = | | TOTAL EXPENSES = | |

SECTION C: EXPLANATION OF SITUATION (Required)

Please explain your situation. Include as much detail as possible about how your family covered housing, utilities and other living expenses for calendar year 2019. An explanation is also required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses, attached three consecutive monthly statements from those accounts. Attach additional pages if necessary.

SECTION D: CERTIFICATION SIGNATURES

I/We certify that all information reported is complete and accurate to the best of my ability. I/We understand that any false statement or misrepresentation may be cause of reduction and/or repayment of federal, state or institutional financial aid.

Student Signature _____ Date _____

Spouse Signature _____ Date _____