



STUDENT NAME

ID NUMBER

Please complete the chart below, listing 2016 monthly or annual household living expenses. If parental information was required on your FAFSA, list your parent(s) expenses. If parental income was not required on your FAFSA, list your living expenses.

Table with 2 columns: ESTIMATED HOUSEHOLD EXPENSE, 2016 ANNUAL AMOUNT. Rows include Rent or Mortgage Payment, Property Taxes, Utilities, Insurance, Food, Transportation, Car Payments, Medical and Dental, Personal and Miscellaneous.

YOU MUST COMPLETE THIS SECTION:

Please explain how you met the above expenses by listing ANNUAL AMOUNTS (check all that apply):

- Checkboxes for: Earned wages from work, Cash support from family member(s), Support from other people, Child Support Received, Alimony, Housing and/or food provided by family member(s), Financial Aid, Personal Savings, Credit Card(s)/Personal Loan, Social Security Income, Supplemental Nutrition Assistance Program (SNAP) or TANF, Other (explanation and amount).

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to give proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (IF APPLICABLE)

DATE