



STUDENT INFORMATION

Last Name First Name Middle Initial Student ID Number

Please complete the entire worksheet. **Do not leave anything blank.** If a source of income or expense does not apply, enter “0” or “N/A.” In addition, for each source of income or expense included, you must provide supporting documentation (i.e. W2, pay stub, bill, receipt, etc.). You must submit supporting documentation or the information will not be included.

Income	Monthly Amount
Wages	\$
Other	\$
TOTAL INCOME	\$

Expenses	Monthly Cost	Paid by Student	Amount paid by Other	Relationship of Other to Student
Please leave nothing blank. Put either “N/A” or “0”.				
Rent/Mortgage	\$	\$	\$	
Utilities (gas and electricity)	\$	\$	\$	
Home/Rental Insurance	\$	\$	\$	
City Taxes	\$	\$	\$	
Car	\$	\$	\$	
Car Insurance	\$	\$	\$	
Gas for Vehicle	\$	\$	\$	
Transportation (bus, taxi, etc.)	\$	\$	\$	
Credit Card	\$	\$	\$	
Health Insurance	\$	\$	\$	
Phone (cell and/or home)	\$	\$	\$	
Food	\$	\$	\$	
Toiletries	\$	\$	\$	
Diapers/Wipes	\$	\$	\$	
Child Care	\$	\$	\$	
TOTAL	\$	\$	\$	

CERTIFICATION

By signing this worksheet, I (we) certify that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

FAR23MIL
FAC23MBW