



University of Michigan – Flint
 Office of Financial Aid
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Living Expense Worksheet
Calendar Year: 2008

Name: _____

UMID: _____

Please complete the following items.

1. Who do you reside with? (Check all that apply)
 Parent(s)
 Spouse
 Alone
 Other Relative
 Fiancé
 Other _____
2. Are any bills (**that are in your name**) paid on your behalf?
 Yes
 No

If yes, please itemize the amount of bills (incurred by you) that are paid by someone else.

	Per Month	2008 Total	Who paid for it?
Rent, Lease, or House Payment	\$ _____	\$ _____	_____
Utilities (Gas, electric)	\$ _____	\$ _____	_____
Phone/Cell Phone	\$ _____	\$ _____	_____
Car Payment	\$ _____	\$ _____	_____
Car Insurance	\$ _____	\$ _____	_____
Medical Insurance	\$ _____	\$ _____	_____
Gas for transportation	\$ _____	\$ _____	_____
Food	\$ _____	\$ _____	_____
Clothing	\$ _____	\$ _____	_____
Miscellaneous	\$ _____	\$ _____	_____
TOTAL	\$ _____	\$ _____	

Please explain how you supported yourself and met your basic living expenses on what appears to be unusually low income.

Student Signature: _____

Date: _____