



OFFICE OF FINANCIAL AID

2020-2021 Living Expense Worksheet 2018 Tax Year

NAME: _____ UMID: _____

Please complete the following items:

- Who does the student reside with? Parent(s) Spouse Alone
(Check all that apply) Other Relative Fiancé Other _____
- Are any bills **(that are in your or your parent's name)** paid on your or your parents and/or spouse's behalf?
 Yes No

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

	Per Month	2018 Total	Who paid for it?
Rent, Lease, or House Pay-			
Utilities (Gas, electric, wa-			
Phone/Cell Phone			
Car Payment			
Car Insurance			
Medical Insurance			
Gas for transportation			
Food			
Clothing			
Miscellaneous			
Total			

If no sources are listed above, please explain how you and/or your parents supported yourselves and met your basic living expenses on what appears to be a low income. (e.g. Disability, SSI, Military, etc.)

Student Signature: _____ Date: _____

Parent Signature: (Dependent Students Only) _____ Date: _____