



Statement of Income and Living Expenses

Student's Name

Student ID#

INCOME AND RESOURCES (PER MONTH)

EXPENSES (PER MONTH)

Employment	\$ _____
Social Security	\$ _____
AFDC	\$ _____
Food Stamps	\$ _____
Veteran's Ben.	\$ _____
Child Support	\$ _____
Gifts from Family	\$ _____
Other (Specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Housing	\$ _____
Food	\$ _____
Car/Trans.	\$ _____
Telephone	\$ _____
Utilities	\$ _____
(Gas, water, electric)	
Insurance	\$ _____
Clothing	\$ _____
Child Care	\$ _____
(Daycare Cost)	
Gasoline	\$ _____
Personal	\$ _____
Other	\$ _____
(Specify)	
	\$ _____

Signature Date

****NOTE: IF EXPENSES EXCEED INCOME PER MONTH, PLEASE SUBMIT A WRITTEN STATEMENT EXPLAINING THIS SITUATION.**