

You (and your spouse) must list your monthly expenses and the source(s) of support that you (and your spouse) received in the 2010 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information. **“Other Personal Expenses”** include money received, or paid on your behalf (e.g., bills in your name), food, toiletries, etc. Complete all blanks (empty blanks are not assumed as zero). Enter a zero for items which do not apply.

HOUSEHOLD LIVING EXPENSES	MONTHLY AMOUNT JANUARY 1, 2010 TO DECEMBER 31, 2010	AMOUNT PAID BY YOU	AMOUNT PAID BY SOMEONE ELSE	NAME OF PERSON WHO PAID
1. Housing (rent/mortgage)	\$	\$	\$	
2. Child Care	\$	\$	\$	
3. Electricity	\$	\$	\$	
4. Heating (oil or gas)	\$	\$	\$	
5. Water/Sewer	\$	\$	\$	
6. Telephone	\$	\$	\$	
7. Cell Phone	\$	\$	\$	
8. Auto (car payments, insurance, maintenance)	\$	\$	\$	
9. Medical/Dental (insurance)	\$	\$	\$	
10. Groceries	\$	\$	\$	
11. Clothing	\$	\$	\$	
12. Other Personal Expenses	\$	\$	\$	
13. TOTAL MONTHLY EXPENSES/SUPPORT	\$			
14. TOTAL YEARLY EXPENSES/SUPPORT (Line 13 x 12 months)	\$			

PLEASE NOTE: If your (and your spouse’s) monthly expenses are more than the 2010 income listed on the Free Application for Federal Student Aid (FAFSA), you (and your spouse) must provide an explanation in **SECTION C — ADDITIONAL COMMENTS**.

Section C — Additional Comments (Attach a separate sheet if necessary)

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

Student Signature: _____ Date: ____/____/____

Spouse Signature: _____ Date: ____/____/____