

FINANCIAL AID OFFICE
STATEMENT OF BASIC LIVING EXPENSES (SOBLE)
January 2018 – December 2018

Student's Name: _____ Student ID #: _____

☐ Parent ☐ Student

INSTRUCTIONS: Complete the form (**in INK ONLY**) by writing the average **2018 monthly expense amounts** for student/spouse or parent. If you feel explanations are required, please use the back of the form. **Do Not Leave Any Amount Blank.**

ANY MONEY PAID ON YOUR BEHALF MUST BE INCLUDED !

Once this form is submitted, NO changes will be permitted

M	Are you or your parent(s) receiving Section 8? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount PER MONTH
O	1. Rent (<i>if applicable</i>) OR Rent Paid on your behalf.	\$ _____
N	OR	Rent or Mortgage
T	Mortgage (<i>if applicable; include principal, interest, and taxes</i>)	(circle one only)
H	2. Utilities (<i>gas, electric, telephone, cable, etc.</i>)	\$ _____
L	3. Insurance: Automobile / Homeowner's / Health	\$ _____
Y	4. Food (at home or eating out) (<i>Do not add SNAP / EBT Card</i>)	\$ _____
T	5. Clothing	\$ _____
O	6. Car Payment(s)	\$ _____
T	7. Transportation (<i>gas, oil, repairs and/or maintenance, bus passes</i>)	\$ _____
A	8. Recreation/Entertainment	\$ _____
L	9. Miscellaneous/Personal Expenses (<i>toiletries, cleaning supplies, etc.</i>)	\$ _____
S	10. Other: (<i>cell phone, etc.</i>) _____	\$ _____
	TOTAL MONTHLY EXPENSES (<i>Add lines 1 – 10</i>)	\$ _____
	YEARLY TOTAL (<i>Monthly total expenses multiplied by 12</i>)	\$ _____

CERTIFICATION: I/we certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form if requested. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student's Signature

Date

Parent's Signature (*Dependent Student Only*)

Date

