

FINANCIAL AID OFFICE  
**STATEMENT OF BASIC LIVING EXPENSES**  
**( SOBLE ) January 2019 – December 2019**

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

☐ Parent      ☐ Student Information for Independent Students Only

**INSTRUCTIONS:** Complete the form (**in INK ONLY**) by writing the average **2019 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***

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

