



2018-19 Living Expense Worksheet

Financial Aid Office ▪ 4001 W. McNichols Rd. ▪ Detroit, MI 48221
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Student Name: _____ ID: _____

Please complete items 1-4 regarding the 2016 Tax Year.

- Please indicate where you lived:
 Parent(s) Friend/Relative Rented Residence Owned Residence
- Please select all resources below from which the ___ student ___ parent(s) received their primary financial support:
 Student Loans Parent Friend/Relative SNAP Benefits (Food Stamps) Medicaid
 Disability/SSI Savings Work Other _____
- For each item below please state the **estimated** cost for the year and how the expense was paid. If you did not incur the expense, please indicate N/A in the cost column. This form **MUST** be filled out entirely.

Annual Expense	Yearly Cost	Source of payments (i.e. relative, SNAP etc.)
Rent/Mortgage	\$	
Utilities (Gas, electric, water)	\$	
Food	\$	
Clothing	\$	
Household Maintenance (cleaning, laundry, etc.)	\$	
Health Care	\$	
Commuting cost (gas, oil, etc.)	\$	
Insurance (car/home)	\$	
Car Payment	\$	
Credit Card/loan payments	\$	
Tuition & Fees**	\$	
Child/Elder Care	\$	
Miscellaneous Personal Expenses	\$	

** Only include tuition and fees and books and supplies not paid by financial aid programs.

- Please explain how you supported yourself (or your family) and met your basic living expenses on your reported income.

Student Signature: _____ Date: _____

Parent Signature (Dependent Student's only): _____ Date: _____