



## 2016-17 Living Expense Worksheet

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Name: \_\_\_\_\_

ID: \_\_\_\_\_

### Please complete items 1-4 regarding the 2015 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)  
 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 Expenses	Yearly Cost (student portion only)	Source of payments (i.e. relative, SNAP etc.-list all by provider)
Rent/Mortgage	\$	
Utilities (Gas, electric, water, phone)	\$	
Food	\$	
Clothing	\$	
Household Maintenance (cleaning, laundry, etc.)	\$	
Health Care (unreimbursed)	\$	
Commuting cost (gas, oil, etc.)	\$	
Insurance (car/home/health, etc.)	\$	
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.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_