2015 – 2016 Expense Breakdown Form

Student Name: ___________________________          Student ID: _______________________

Completed by:  ( ) Student/Spouse
               ( ) Parent of the above Dependent Student

Please list your monthly expenses for the 2015 calendar year:

- Electric/Gas Bill Payment: $_____________/month
- Food Expenses (not including food stamps): $_____________/month
- Rent/Mortgage Payment: $_____________/month
- Trash Removal: $_____________/month
- Water/Sewer Bill: $_____________/month
- Auto Payment: $_____________/month
- Auto Insurance: $_____________/month
- Auto Fuel/Repairs: $_____________/month
- Cable/Satellite TV Payment: $_____________/month
- Phone/Cellular Phone: $_____________/month
- Internet Service Provider: $_____________/month
- **Other Expenses, please explain below: $_____________/month

**TOTAL MONTHLY EXPENSES $_____________________/month

**Other expenses listed above, please explain:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do you receive food stamps?  ( ) yes  ( ) no
Do you receive a Section 8 housing subsidy?  ( ) yes  ( ) no
Do you have bills in your name which are paid by someone else?  ( ) yes  ( ) no

Please explain how you were able to pay for all of the above expenses:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Signature: ___________________________          Date: ______________

Parent Signature: ___________________________          Date: ______________