



2017-18 Living Expense Worksheet

Financial Aid Office ▪ 651 E. Jefferson Ave. ▪ Detroit, MI 48226
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Name: _____

ID: _____

Please complete items 1-4 regarding the 2015 Tax Year.

1. Please indicate where you lived:
 Parent(s) Friend/Relative Rented Residence Owned Residence
2. 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 _____
3. 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 the amount paid FOR you or on your behalf. 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.

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

Student Signature: _____ **Date:** _____