

EXPENSES

Student Name _____

ID# _____

	Monthly	Annually
Mortgage/Rent	_____	_____
Insurance (include car, house Life, medical)	_____	_____
Utilities (include electric, heat, Water, phone, etc.)	_____	_____
Car Loan payments	_____	_____
Gas	_____	_____
Credit Card(s)	_____	_____
Clothing	_____	_____
Food	_____	_____
Miscellaneous	_____	_____
Totals	_____	_____

Please attach copies of one month's invoices as proof of expenses (if applicable).

Student Signature _____

Date _____

Parent Signature* _____

Date _____

*(required for dependent student)