



# 2019-20 Living Expense Worksheet

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Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

**Please complete items 1-4 regarding the 2017 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.

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

Parent Signature (Dependent Student's only): \_\_\_\_\_ Date: \_\_\_\_\_