



2018-2019 Living Expense Worksheet 2016 Tax Year

Name _____ OCC ID _____

Please complete the following items:

- Who does the student reside with? (Check all that apply)

Parent(s)	Spouse	Alone
Other Relative	Fiancé	Other _____
- Are any bills **(that are in your or your parent's name)** paid on your or your parent's and/or spouse's behalf? Yes No

If yes, please itemize the amount of bills (incurred by you or your parent) that are paid by someone else.

	Per Month	2016 Total	Who Paid for It?
Rent, Lease, or House Payment			
Utilities (Gas, Electric, Water)			
Phone/Cell Phone			
Car Payment			
Car Insurance			
Medical Insurance			
Gas for Transportation			
Food			
Clothing			
Other			
TOTAL			

If no sources are listed above, please explain how you and/or your parents supported yourselves and met your basic living expenses on what appears to be a low income. (e.g. Disability, SSI, Military, etc.)

Student Signature _____ Date _____

Parent Signature (Dependent Students Only) _____ Date _____