

2022-2023 Living Expense Worksheet Financial Aid Office • 4001 W. McNichols Rd. • Detroit, MI 48221

Phone: 313-993-3350 • Fax: 313-993-3347 • finaid@udmercy.edu

Stuc	lent Name:	ID:				
1.	Please complete items 1-4 regarding the 2020 Tax Year. Please indicate where you lived:					
	\Box Parent(s) \Box Ft	riend/Relative	Rented Residence	🗆 Own	ed 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 (Fo	od Stamps)	□ Medicaid
	□ Disability/SSI	\Box Savings	\square 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 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 4. income.

Student Signature: _____

Date: _____

Parent Signatur	Cependent Student's only):
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Date: