

Student's Name _____

GCC ID# _____

FINANCIAL AID OFFICE
STUDENT'S STATEMENT OF BASIC LIVING EXPENSES
January 2017 - December 2017

INSTRUCTIONS: Complete the information below by listing expenses that you (and your spouse, if married) incurred between January and December 2017. If amounts differed from month to month, provide an average for the 12-month period. Do not include any expenses covered by food stamps or housing assistance. If an expense is not applicable (i.e., car payments), put a "0". **Do not leave any item blank.**

Amount per **MONTH**
(Do not leave any amount blank)

- | | |
|--|----------|
| 1. Rent or Mortgage (include principal, interest and taxes) | \$ _____ |
| 2. Utilities (gas, electric, water, telephone, cell phone etc.) | \$ _____ |
| 3. Food (at home and away from home) | \$ _____ |
| 4. Car Payment(s) | \$ _____ |
| 5. Transportation (gas, oil, repairs and/or maintenance, bus passes) | \$ _____ |
| 6. Elementary/Secondary Tuition or Child Care Paid | \$ _____ |
| 7. Car Insurance expenses | \$ _____ |
| 8. Medical/dental expenses paid but NOT covered by insurance | \$ _____ |
| 9. Child Support Paid (due to divorce or separation) | \$ _____ |
| 10. Expenses for clothing, entertainment, gifts & travel | \$ _____ |
| 11. Other Expenses: _____ | \$ _____ |

Did you receive Food Stamps/SNAP in 2017? YES NO

Did you receive housing subsidies in 2017? YES NO

CERTIFICATION: I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

Student's Signature

Date

For Financial Aid Office Use ONLY

Total Monthly Expenses _____

Total Annual Expenses (12 mo.) _____