

## 2007-08 Cost of Living Worksheet (Calendar Year 2006)

This information is needed to determine the accuracy of your financial aid application. If there are differences between your application information and your documentation, we may need to make corrections on your Institutional Student Information Record (ISIR) and have a new ISIR processed. Please complete all sections. **Do not leave blanks.**

### A. Student Information

Last Name	First Name	M.I.	Social Security Number
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### B. Responsible Party

Please checkmark who paid for you and your family members' monthly expenses in 2006. Family members are those qualifying individuals counted in your household size on your federal financial aid application.

Check which box applies to you.

- paid by the student   
  paid by another person on behalf of the student  
 paid by the student's family   
  paid on behalf of student and family by another person

### C. 2006 Monthly Expenses (if any amounts are zero please explain)

Please list the amounts for you and your family members. Family members are those qualifying individuals counted in your household size on your federal financial aid application.

Rent/Mortgage*	\$ _____	per month
Utilities/gas/electric/etc.*	\$ _____	per month
Food (do not include food stamps)	\$ _____	per month
Transportation expense (car payments/insurance/bus/etc.)	\$ _____	per month
Clothing expense/entertainment	\$ _____	per month
Credit card debt payments	\$ _____	per month
Medical expenses/insurance	\$ _____	per month

*\*If you are living with other relatives or friends, please provide estimated values for these items. Do not include government subsidies.*

### D. Sign this Worksheet - Parent(s) signatures also required if parents information was included on the FAFSA.

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student's Signature	Date
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Father/Stepfather (if applicable)	Mother/Stepmother (if applicable)	Date
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**E. Complete and return** this form within three weeks of receipt of this notice so that we can continue processing the student file. Failure to do so will delay processing of your financial aid application.