

Income/Expense Comparison

To help us to better understand your monthly financial situation, please complete the following:

Monthly Income	Amount
Work	
Gifts	
Other	
Total	

Monthly Expenses	Amount
Housing	
Utilities	
Food	
Transportation	
Medical	
Other	
Total	

1. Did you receive housing, food, or other living allowance(s) due to military or clergy employment?
Yes or No

If so, how much did you receive? _____

2. Did you receive money or have something paid on your behalf*? Yes or No

If so, how much did you receive or have paid on your behalf? _____

*For Money Paid on Your Behalf- please indicate the combined total paid on your behalf for housing, food, utilities, transportation, medical, and other expenses. You should estimate expenses paid on your behalf at fair market value.

Please sign and date.

Signature

Student's Name

Date

Student's ID Number