



Name \_\_\_\_\_ OCC ID \_\_\_\_\_

**Please complete the following items:**

1. Who does the student reside with? (Check all that apply)      Parent(s)      Spouse      Alone  
    Other Relative      Fiancé      Other \_\_\_\_\_
2. 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	2017 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			
<b>TOTAL</b>			

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 \_\_\_\_\_