Expense & Resource Worksheet – Dependent

KSC Student Financial Services / Federal Student Aid Programs

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Student's Name (Last, First, MI)–please print _____ **Student ID#** _____

Please complete and return this form to our office; your financial aid application will not be processed until this form has been submitted. Attach a separate sheet if you feel that further explanation is necessary.

Using the worksheet below, list your 2009-10 monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your monthly amounts in the second column. If an item in the expense column does not apply, enter "NA" in the second column. In the third column, provide the name and relationship of the person who pays the expense or provides the item for you. If you pay the cost, enter "self" in the third column.

Expenses for: _____Parent _____Student	**Monthly cost**	**Who pays for or provides this item?**
Housing: ☐ Mortgage ☐ Rent	$	
Utilities (gas, electricity, oil, water)	$	
Telephone	$	
Transportation (car payment)	$	
Food	$	
Insurance	$	
Medical	$	
Clothing	$	
Secondary School Tuition	$	
Child Care	$	
Credit Cards (please list)	$	
	$	
	$	
	$	
Other Loans (please list)	$	
	$	
	$	
	$	
Other Expenses (please list)	$	
	$	
	$	
	$	

Please sign and return this worksheet – By signing this worksheet, I (we) certify that all of 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, be sentenced to jail, or both.

Student's Signature _____ **Date** _____

Mother's (or Step-Mother's) Signature _____ **Date** _____ **Father's (or Step-Father's) Signature** _____ **Date** _____

You must return this worksheet within 30 days of receipt to avoid INACTIVE status.

For more information, visit us online at www.keene.edu/sfs.

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