



Student Financial Services
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IE9P

2019–2020 Parent Expense Worksheet

Student's Last Name

Student's First Name

Student's M.I.

Grizzly ID (G#)

A. Parent Expense Form

Your (the parent's) 2017 income is less than the amount listed below for the number of people in your household. Please complete the Parent Expense Form below.

Household Size	1	2	3	4	5	6	7	8
2017 Income	\$12,060	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320
Note: For each additional family member, add \$4,180								

The income reported on your student's 2019-2020 FAFSA is blank, zero or appears unusually low to support the number of people in your household. Please list monthly expenses from January 1, 2017 – December 31, 2017

Parent Expense Form	Total Monthly Amount DO NOT LEAVE ANY QUESTION BLANK
Mortgage or Rent	\$ _____ per month
Groceries (meals/food)	\$ _____ per month
Utilities	\$ _____ per month
Transportation (car payment, gas, transit)	\$ _____ per month
Insurance (medical, automotive)	\$ _____ per month
Medical/dental (not covered by insurance)	\$ _____ per month
Clothing/personal expenses (entertainment, gifts, etc.)	\$ _____ per month
TOTAL (monthly expenses)	\$ _____

Explanation

If 'Mortgage or Rent' above is reported as \$0 and/or if the total expenses listed above exceed the parent's income, use the space below to explain how the expense is covered. If covered by a federal/state benefit (i.e. social security, TANF, etc.) not listed on the FAFSA or other documents submitted, please provide supporting documentation from the awarding agency.

B. Certification and Signatures

- **SIGNATURES REQUIRED:** I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that based on the information provided changes in my student's FAFSA financial information may occur and may result in a change in financial aid eligibility.

Parent Signature

Date