

**HOUSEHOLD EXPENSES**

**MONTHLY AMOUNT**

Housing (rent, utilities, etc.)	\$
Meals	\$
Health care	\$
Transportation	\$
Household supplies	\$
Child care	\$
Child support	\$
Child tax credit	\$
Fuel	\$
Insurance	\$
Child tax credit (continued)	\$
Other	\$
Monthly	\$
Annual (multiply by 12)	\$

**RESOURCES**

Income	Annual Amount
	\$

**Certifications and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

\_\_\_\_\_  
 (Print name)

D \_\_\_\_\_  
 (Date)