# PHSC 2014-2015 DEPENDENT LOW INCOME/EXPENSE SHEET

Provide the total amount for your household. Do not leave any field blank. **Enter $0 if the answer is $0.**

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Total Income</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependents Student (parent data reported on the FAFSA &amp; this form)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Cost of monthly housing (mortgage or rent)?
   - In whose name is the lease/mortgage (student, parent, other)?
   - How was this expense paid from January 1 through December 31, 2013?

2. Cost of monthly utility bills such as water, electricity?
   - In whose name are the utility bills (student, parent, other)?
   - How was this expense paid from January 1 through December 31, 2013?

3. Cost of monthly groceries/food?
   - How was this expense paid from January 1 through December 31, 2013?

4. Cost of monthly car payment? Insurance?
   - In whose name are the transportation bills (student, parent, other)?
   - Cost of monthly transportation expenses such as gas, maintenance, etc?
   - How was this expense paid from January 1 through December 31, 2013?

5. Cost of monthly medical expenses?
   - In whose name are these medical expenses (student, parent, other)?
   - How was this expense paid from January 1 through December 31, 2013?

6. Cost of monthly clothing, personal and miscellaneous expenses?
   - How was this expense paid from January 1 through December 31, 2013?

| Totals | $ | $ |

7. Who completed this Low Income/Expense Sheet? (Check One)

   - Parent
   - Student

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
<th>Student PHSC ID#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Signature</th>
<th>Date</th>
<th>Print Parent’s Name</th>
</tr>
</thead>
</table>

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**Financial Aid Staff Section Only**

<table>
<thead>
<tr>
<th>Untaxed Income $</th>
<th>Notes</th>
</tr>
</thead>
</table>

Staff Initials

Revised 2/14