



Student Financial Services
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2020–2021 Parent Expense Worksheet

A. Dependent Student's Information

Student's First Name _____ Middle Initial _____ Last Name _____ Grizzly ID (G#) _____

B. Parent Expenses

Your (the parent's) 2018 income, reported on your student's 2020-2021 FAFSA, 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
2018 Income	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380

Note: For each additional family member, add \$4,320

Parent Expenses: Please list monthly expenses from January 1, 2018 – December 31, 2018 (even if paid by someone else on your behalf).	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.

C. 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 to the FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature _____ Date _____

Parent Signature _____ Date _____