

OUWB Financial Services

E-Mail: medfinservices@oakland.edu

Phone: (248) 370-3611 Fax: (248) 370-4276

2017-2018 OUWB Parent Expense and Income Form

A. Student's Information					
Student's Last Name	Student's First Name		M.I.	Grizzly ID (G#	£)
B. Expenses & Income					
Instructions: Please complete this	s form to document	t your expens	es and inc	ome for 2015.	
•		•			
		<u> </u>			
Parent's Expenses		Parent's Income			
Please enter your monthly expense Mortgage or Rent *	\$	Please enter your monthly resources for Wages			each category.
Groceries Groceries	\$		Unemployment/ Workers Comp.		
Utilities	\$	Child Support Received			\$
Transportation	\$	Alimony or Separation Payments			\$
Insurance (medical, automotive)	\$	Social Security or Disability			\$
Medical/Dental (not covered)	\$	Pensions, Annuities, or Retirement			\$
Charge Cards	\$	TANF/ Welfare Benefits			\$
Personal Loans	\$	Veteran's Benefits			\$
Clothing/Miscellaneous	\$	Housing or other Living Allowances			\$
Other Payments: List Below	\$		Other Income: List Below		
outer rayments. East Boto W	Ψ		<u> </u>	2010	\$
Total**	\$	Total	Total		\$
	'				,
*If you reported "0" for Mortgage	or Rent, explain in	the space be	low how t	his expense was pr	rovided.
**If the total expenses listed excee	ed the Parent's total	l income, plea	ase explain	n how the expense	s were covered in
the space below.					
We certify the information reported	d on this form is tri	ue and correc	t to the be	st of our knowleds	re.
2 Jointy and information reported				or our miowicae	>
Parent Signature Date		 Stn	Student Signature		Date