

OUWB Financial Services

E-Mail: medfinservices@oakland.edu

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

2017-2018 OUWB Student Expense and Income Form

A. Student's Information			
Last Name	First Name	M.I. Grizzly ID (G#	‡)
B. Expenses & Income			
Instructions: Please complete thi	s form to document y	our expenses and income for 2015.	
Student (and Spouse, if applicable) Expense Please enter your monthly expense for each category.		Student (and Spouse, if applicable) Income Please enter your monthly resources for each category.	
Mortgage or Rent *	\$	Wages	\$
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	\$
Total**	\$	Total	\$
	ed the student's (and	ne space below how this expense was prespouse, if applicable) total income, plea	
We certify the information reported	ed on this form is true	and correct to the best of our knowledge	ge.
Student Signature	Date	Spouse Signature	Date