

Southern Connecticut State University

Office of Financial Aid & Scholarships (OFAS)
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 (203) 392-5222 Phone, (203) 392-5229 Fax
www.southernct.edu/financialaid

2009-2010 Basic Living Expense Form

Student Name: _____ ID# _____

We have received your FAFSA for the 2009-2010 academic year and need to verify the income you reported. Please complete this worksheet for:

Student

Parent

2008 Total Income

Wages	
Father/Stepfather	\$ _____
Mother/Stepmother	\$ _____
Domestic Partner	\$ _____
Student	\$ _____
Spouse	\$ _____
Support from relatives	\$ _____
Support from savings	\$ _____
Interest/dividend income	\$ _____
Child support	\$ _____
Alimony	\$ _____
Pension	\$ _____
Social Security	\$ _____
Unemployment	\$ _____
Worker's compensation	\$ _____
Veteran's benefits	\$ _____
AFDC/ADC/TANF	\$ _____
Other Public assistance	\$ _____
Scholarships	\$ _____
Grants	\$ _____
Loans	\$ _____
*Other income/support	\$ _____

Total Income \$ _____

2008 Total Expenses

Rent/mortgage	\$ _____
Board/meals	\$ _____
Phone	\$ _____
Utilities	\$ _____
Clothing	\$ _____
Car payments	\$ _____
Transportation (carfare, gas, parking)	\$ _____
Insurance	\$ _____
Medical/dental	\$ _____
Personal expenses	\$ _____
Child care expense	\$ _____
Credit card payments	\$ _____
Educational expenses (other than student)	\$ _____
Other expenses	\$ _____
Total Expenses	\$ _____

*Other income/support includes any living expenses paid by another party on your behalf. This would include any of the **expenses** above attributable to your livelihood.

Required signature(s):

Student signature

Date

Parent/Spouse/Partner signature

Date