

PHCC 2012-13 LOW INCOME /EXPENSE SHEET

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

Check One: _____ **Dependent Student (Parent data reported on the FAFSA & this form)**
_____ **Independent Student (Only Student data reported on FAFSA & this form)**

1. Cost of Monthly Housing (Mortgage or Rent) \$ _____ Is Lease/Mortgage in your name? _____
Income source that paid this expense from January 1 through December 31, 2011

2. Cost of Monthly Utilities \$ _____ Are the Utility Bills in Your Name? _____
Income source that paid this expense from January 1 through December 31, 2011

3. Cost of Monthly Groceries/Food \$ _____
Income source that paid this expense from January 1 through December 31, 2011

4. Cost of Monthly Car Payment \$ _____ Insurance \$ _____ Are these bills in your name? _____
Income source that paid this expense from January 1 through December 31, 2011

5. Cost of Other Transportation Costs \$ _____
Income source that paid this expense from January 1 through December 31, 2011

6. Cost of Monthly Medical and/or Health Insurance Expenses \$ _____ Is the bill in your name? _____
Income source that paid this expense from January 1 through December 31, 2011

7. Cost of Monthly Clothing, Personal and Miscellaneous Expenses \$ _____
Income source that paid this expense from January 1 through December 31, 2011

Student's Signature

Date

Student ID Number

Parent's Signature (For Dependent Students)

Date

Print Parent's Name

FINANCIAL AID STAFF SECTION

Total Income: \$ _____

Notes _____

And _____

Total Expenses: \$ _____

Initials: _____