

Financial Aid Office
 2755 E. Napier Avenue
 Benton Harbor, MI 49022



Phone: 269-927-8112
 Fax: 269-927-8183
 Email: finaid@lakemichigancollege.edu

2016-17 Household Expense Worksheet

Student Name _____ LMC Student ID _____

- **You must use 2015 income/expense information**
- **If the student used parent information on the FAFSA, the parents' information must be used**

<u>2015 Average Monthly Expense</u> Do Not Leave Any Boxes Blank; If You Do Not Have That Expense, Enter Zero	Student	Parent (if used on FAFSA)
Rent & Utilities:		
Groceries:		
Transportation:		
Other Expenses:		
Total Monthly Expenses:		
Do you live in subsidized housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive SNAP (food stamps)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>2015 Average Income Per Month</u> Do Not Leave Any Boxes Blank; If You Do Not Have That Income, Enter Zero	Student	Parent (if used on FAFSA)
Income from Work:		
Social Security Benefits:		
Child Support Received:		
Other Sources of Income: (List)		
Total Monthly Income:		

If you entered all zeros or your Total Monthly Expenses is more than your Total Monthly Income, **you must provide an explanation of how those expenses were paid for:**

 Student Signature

 Date

 Parent Signature (Required if parent info used on FAFSA)

 Date

Purposely giving false or misleading information is fraud and is punishable by fines and/or a prison sentence.

