LAKE MICHIGAN® COLLEGE

Financial Aid Office, 2755 E. Napier Avenue
Benton Harbor, MI 49022
Phone: 269-927-8112/ Fax: 269-927-8183
Email: finaid@lakemichigancollege.edu

Household Expense Worksheet

Student's First Name Last Name Middle Initial LMC ID

The FAFSA requires a student meet certain criteria to be considered independent due to having a child when that student was not born before January 1, 1995. To allow the Financial Aid Office to make that determination, please provide the information below.

ANNUAL INCOME & SUPPORT (If $0, please explain below)	**2017**	**2018**
Earned income (e.g., wages, salaries, tips, work-study income)		
Money received from parents		
Other support from parents (e.g., insurance, room & board)		
Support from others (e.g., insurance, room & board)		
Amount of other income or support (indicate source)		
TOTAL		
ANNUAL EXPENSES (If $0, please explain below)	**2017**	**2018**
Housing		
Food		
Transportation (e.g., car payments, insurance, gas, maintenance)		
Utilities		
Child and/or dependent care		
Personal (e.g., clothing, entertainment)		
Other (indicate type of expense)		
TOTAL		

EXPLANATION(S) FOR ABOVE:

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By signing this form, you are certifying that all of the information reported on the form is complete and accurate.

_____ XXX-XX-_____ _____

Student Signature Last 4 digits of SSN Date