



UCLA, Financial Aid Office
 A-129J Murphy Hall
 Box 951435
 Los Angeles, CA 90095-1435
 Phone: 310-206-0400
 Fax : 310-206-7419

2009-2010 STUDENT'S STATEMENT OF EXPENSES AND RESOURCES

Name: Last _____ First _____ UID# _____

Please itemize both your monthly and yearly expenses and list all sources of income from January 1, 2008 to December 31, 2008. (Do not include expenses that relate to family businesses, rental property, or college costs for you or your children.)

TYPE OF EXPENSE	PER MONTH	PER YEAR
Rent or mortgage payment		
Utilities (gas, electricity, water, phone)		
Insurance (include home, apartment, auto)		
Food		
Transportation (car payments, gas, repairs, public transit)		
Medical/Dental		
Clothing		
Recreation		
Other (specify):		
TOTAL EXPENSES	\$	\$
TYPE OF INCOME	PER MONTH	PER YEAR
Gross Income from employment - Student		
Gross Income from employment - Spouse		
Interest and dividend income		
Unemployment benefits		
Worker's Compensation and/or Disability benefits		
Child support		
Living allowances paid to military, clergy and others		
Veteran non-educational benefits		
Social Security benefits		
Temporary Assistance for Needy Families (TANF)		
Food Stamps/WIC/Subsidized Housing		
Foreign income		
Other (specify):		
TOTAL INCOME	\$	\$

The amounts listed above are a true and accurate statement of our family's annual expenses and resources.

Student Signature: _____

Date: _____