



STUDENT NAME

ID NUMBER

Please complete the chart below, listing 2020 annual household living expenses. If parental information was required on your FAFSA, list your parent'(s) expenses. If parental income was not required on your FAFSA, list your living expenses.

ESTIMATED HOUSEHOLD EXPENSES	2020 ANNUAL AMOUNT
Rent or Mortgage Payment	
Property Taxes (if separate)	
Utilities (gas, phone, electric)	
Insurance (home/renters, auto, life, theft, other)	
Food	
Transportation	
Car Payments	
Medical and Dental	
Personal and Miscellaneous	

**YOU MUST COMPLETE THIS SECTION:**

Please explain how you met the above expenses by listing **ANNUAL AMOUNTS** (check all that apply):

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> Earned wages from work                           | \$ _____ | <input type="checkbox"/> Social Security Income                                   | \$ _____ |
| <input type="checkbox"/> Child Support Received                           | \$ _____ | <input type="checkbox"/> Credit Card(s)/Personal Loan                             | \$ _____ |
| <input type="checkbox"/> Housing and/or food provided by family member(s) | \$ _____ | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or TANF | \$ _____ |
| <input type="checkbox"/> Cash support from family member(s)               | \$ _____ | <input type="checkbox"/> Other (explanation and amount):                          | \$ _____ |
| <input type="checkbox"/> Alimony  | \$ _____ |   |          |
| <input type="checkbox"/> Support from other people                        | \$ _____ |   |          |
| <input type="checkbox"/> Financial Aid                                    | \$ _____ |   |          |
| <input type="checkbox"/> Personal Savings                                 | \$ _____ |   |          |

**CERTIFICATION:** I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (FOR DEPENDENT STUDENTS)

DATE