

Financial Aid Office
One Shields Avenue
(530) 752-2390

University of California
Davis, CA 95616-8596
financialaid.ucdavis.edu

Itemized Statement of Parent Living Expenses Calendar Year 2005

The UC Davis Financial Aid Office requires additional information to verify financial aid eligibility. Please complete the sections listed below (do not leave any blanks) and submit all requested information to the UC Davis Financial Aid Office, One Shields Avenue, Davis, CA 95616. We will continue processing your file after all documents have been submitted. All documents will be reviewed in date-received order. **Please print clearly in blue or black ink.**

Student's Name: _____ UC Davis I.D. # _____

Parent/s Living Expenses (TO BE COMPLETED BY PARENT)

	Monthly		Annually
1. Rent or Mortgage payment	\$	X 12 =	\$
2. Property Tax (if applicable)			\$
3. Utilities (gas, electric, phone, etc.)	\$	X 12 =	\$
4. Food and household items	\$	X 12 =	\$
5. Car and/or transportation	\$	X 12 =	\$
6. Medical and dental (not covered by insurance)	\$	X 12 =	\$
7. Child care and/or elder care	\$	X 12 =	\$
8. Personal loan and consumer debt payments	\$	X 12 =	\$
9. Other (specify):	\$	X 12 =	\$
TOTAL EXPENSES	\$	X 12 =	\$

Parent's Income (to be completed by parent)

Use the space below to explain how you were able to pay for the above living expenses. List all income, cash received and/or payments made on your behalf (i.e., assistance from friends/relatives).

Income Source	Monthly	Annually
1.		
2.		
3.		
4.		
TOTAL INCOME		
<i>(If total expenses exceed total income, please explain the difference.)</i>		
Comments:		

Parent Certification

The information that I reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of Financial Aid.

Print name of parent

Date:

Parent's signature