NORTH AMERICAN UNIVERSITY

# 2022-2023 Living Expense Worksheet

You have indicated an unusually low amount of income for you and your family in 2020 on your 2022-2023 FAFSA. We must verify how you were able to live on this amount. Please complete this form and upload it to your financial aid student portal by the requested deadline.

***Please TYPE Your Responses***

Student's Name _____ Social Security # _____

A. **Please indicate the total expenses you and your spouse paid for in 2020. Each field must be completed. If not applicable, enter "$0" in the blank. However, all fields cannot equal $0.**

| 2020 LIVING EXPENSES PAID (ANNUAL) | | |
|---|---|---|
| **STUDENT/SPOUSE** | | |
| Housing (Check One) ☐Rent ☐ Own ☐ Live with someone rent-free | Per month: $ | Per year (X12): $ |
| Gas/Electric | Per month: $ | Per year (X12): $ |
| TV/Internet (Cable, Satellite, Streaming Services, etc.) | Per month: $ | Per year (X12): $ |
| Phone (Cell & Landline) | Per month: $ | Per year (X12): $ |
| Transportation (Bus Pass, Fuel, Car Note, Insurance, etc.) | Per month: $ | Per year (X12): $ |
| Food | Per month: $ | Per year (X12): $ |
| Medical (Prescriptions, Doctor's Visits, etc.) | Per month: $ | Per year (X12): $ |
| Personal (Clothes, Shoes, Hygiene Items, etc.) | Per month: $ | Per year (X12): $ |
| Child Care Expenses | Per month: $ | Per year (X12): $ |
| **Total 2020 Expenses *** | Per month: $ 0.00 | Per year (X12): $ 0.00 |

B. **If you are a DEPENDENT student, please indicate the total expenses your parent(s) paid for in 2020. Each field must be completed. If not applicable, enter "$0" in the blank. However, all fields cannot equal $0. If you're an INDEPENDENT student, move to Section C.**

| 2020 LIVING EXPENSES PAID (ANNUAL) | | |
|---|---|---|
| **PARENT(S)** | | |
| Housing (Check One) ☐Rent ☐ Own ☐ Live with someone rent-free | Per month: $ | Per year (X12): $ |
| Gas/Electric | Per month: $ | Per year (X12): $ |
| TV/Internet (Cable, Satellite, Streaming Services, etc.) | Per month: $ | Per year (X12): $ |
| Phone (Cell & Landline) | Per month: $ | Per year (X12): $ |
| Transportation (Bus Pass, Fuel, Car Note, Insurance, etc.) | Per month: $ | Per year (X12): $ |
| Food | Per month: $ | Per year (X12): $ |
| Medical (Prescriptions, Doctor's Visits, etc.) | Per month: $ | Per year (X12): $ |
| Personal (Clothes, Shoes, Hygiene Items, etc.) | Per month: $ | Per year (X12): $ |
| Child Care Expenses | Per month: $ | Per year (X12): $ |
| **Total 2020 Expenses *** | Per month: $ 0.00 | Per year (X12): $ 0.00 |

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C. Please indicate the total amount of income you and your spouse received in 2020 to meet the expenses indicated on page 1. Each field must be completed. If not applicable, enter "$0" in the blank. However, all fields cannot equal $0.

| 2020 INCOME AND RESOURCES RECEIVED (ANNUAL)<br>STUDENT/SPOUSE | | |
|---|---|---|
| Income earned from work | Per month: $ | Per year (X12): $ |
| Foreign income earned from work (Convert to U.S. dollars) | Per month: $ | Per year (X12): $ |
| Child support received for all children | Per month: $ | Per year (X12): $ |
| Alimony or separate maintenance | Per month: $ | Per year (X12): $ |
| Food Stamps | Per month: $ | Per year (X12): $ |
| Welfare benefits: AFDC/ADC or TANF | Per month: $ | Per year (X12): $ |
| Supplemental Security Income (SSI) | Per month: $ | Per year (X12): $ |
| Social Security benefits | Per month: $ | Per year (X12): $ |
| Veteran's benefits--specify type: _____ | Per month: $ | Per year (X12): $ |
| Unemployment compensation | Per month: $ | Per year (X12): $ |
| Disability Benefits other than Social Security | Per month: $ | Per year (X12): $ |
| Pensions or retirements benefits | Per month: $ | Per year (X12): $ |
| Workers' compensation | Per month: $ | Per year (X12): $ |
| Financial Aid refund received | Per month: $ | Per year (X12): $ |
| Monetary gifts from Family/Friends | Per month: $ | Per year (X12): $ |
| Other--specify type: _____ | Per month: $ | Per year (X12): $ |
| Total 2020 Income | Per month: $ 0.00 | Per year (X12): $ 0.00 |

D. If you are a DEPENDENT student, please indicate the total amount of income your parent(s) received in 2020 to meet the expenses indicated on page 1. Each field must be completed. If not applicable, enter "$0" in the blank. However, all fields cannot equal $0. If you are an INDEPENDENT student, move to Section E.

| 2020 INCOME AND RESOURCES RECEIVED (ANNUAL)<br>PARENT(S) | | |
|---|---|---|
| Income earned from work | Per month: $ | Per year (X12): $ |
| Foreign income earned from work (Convert to U.S. dollars) | Per month: $ | Per year (X12): $ |
| Child support received for all children | Per month: $ | Per year (X12): $ |
| Alimony or separate maintenance | Per month: $ | Per year (X12): $ |
| Food Stamps | Per month: $ | Per year (X12): $ |
| Welfare benefits: AFDC/ADC or TANF | Per month: $ | Per year (X12): $ |
| Supplemental Security Income (SSI) | Per month: $ | Per year (X12): $ |
| Social Security benefits | Per month: $ | Per year (X12): $ |
| Veteran's benefits--specify type: _____ | Per month: $ | Per year (X12): $ |
| Unemployment compensation | Per month: $ | Per year (X12): $ |
| Disability Benefits other than Social Security | Per month: $ | Per year (X12): $ |
| Pensions or retirements benefits | Per month: $ | Per year (X12): $ |
| Workers' compensation | Per month: $ | Per year (X12): $ |
| Financial Aid refund received | Per month: $ | Per year (X12): $ |
| Monetary gifts from Family/Friends | Per month: $ | Per year (X12): $ |
| Other--specify type: _____ | Per month: $ | Per year (X12): $ |
| Total 2020 Income | Per month: $ 0.00 | Per year (X12): $ 0.00 |

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E. Enter the annual amounts from Sections A, B, C & D. Total expenses in Sections A & B must be less than or equal to the total income and resources in Sections C and D.

| EXPENSES | |
|---|---|
| Enter Total 2020 Expenses in Section A | $ 0.00 |
| + | |
| Enter Total 2020 Expenses in Section B | $ 0.00 |
| Total Expenses | $ 0.00 |

| INCOME | |
|---|---|
| Enter **annual** amount in Section C. | $ 0.00 |
| + | |
| Enter **annual** amount in Section D. | $ 0.00 |
| | |
| Total **annual** amount of Section C. + Section D. | $ 0.00 |

F. Please explain how you and/or your family lived on little or no resources in 2020. Include any information that will help explain how you and/or your family met basic living expenses in 2020.

G. Certification Statement

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge. I also understand that additional documentation may be required based on information reported on my FAFSA or this worksheet.

Student Signature_____ Date_____

**(See signature instructions in portal)**

Parent/Spouse Signature_____ Date_____

**(See signature instructions in portal)**