



OUWB Financial Services
 E-Mail: medfinservices@oakland.edu
 Phone: (248) 370-3611
 Fax: (248) 370-4276

2016-2017 OUWB Parent Expense and Income Form

A. Student's Information

Student's Last Name	Student's First Name	M.I.	Grizzly ID (G#)

B. Expenses & Income

Instructions: Please complete this form to document your expenses and income for 2015.

Parent's Expenses Please enter your monthly expense for each category.		Parent's Income Please enter your monthly resources for each category.	
Mortgage or Rent *	\$	Wages	\$
Groceries	\$	Unemployment/ Workers Comp.	\$
Utilities	\$	Child Support Received	\$
Transportation	\$	Alimony or Separation Payments	\$
Insurance (medical, automotive)	\$	Social Security or Disability	\$
Medical/Dental (not covered)	\$	Pensions, Annuities, or Retirement	\$
Charge Cards	\$	TANF/ Welfare Benefits	\$
Personal Loans	\$	Veteran's Benefits	\$
Clothing/Miscellaneous	\$	Housing or other Living Allowances	\$
Other Payments: List Below	\$	Other Income: List Below	\$
Total**	\$	Total	\$

*If you reported "0" for Mortgage or Rent, explain in the space below how this expense was provided.

**If the total expenses listed exceed the Parent's total income, please explain how the expenses were covered in the space below.

We certify the information reported on this form is true and correct to the best of our knowledge.

 Parent Signature

 Date

 Student Signature

 Date