

**OKLAHOMA CITY COMMUNITY COLLEGE  
FINANCIAL AID OFFICE  
STATEMENT OF INCOME AND LIVING EXPENSES  
POLICY AND PROCEDURES  
YOU THE STUDENT 2007**

PRINT STUDENT'S NAME \_\_\_\_\_

OCCC STUDENT ID# \_\_\_\_\_

Students who report little or no income for the 2007 year on the FAFSA may be required to provide Financial Aid with additional information about costs of living for the year and the sources from which these costs were met. Please complete both sides of this form as accurately as possible. If the question is not applicable to you, please indicate with N/A.

The following is based on monthly costs from January 1, 2007 through December 31, 2007.

<b>INCOME (PER MONTH)</b>		<b>EXPENSES (PER MONTH)</b>	
Employment	\$ _____	Housing	\$ _____
Social Security	\$ _____	Food	\$ _____
AFDC	\$ _____	Car or Public Transportation	\$ _____
Food Stamps	\$ _____	Telephone	\$ _____
Veteran's Benefits	\$ _____	Utilities (Gas, Water, Electric)	\$ _____
Child Support	\$ _____	Health Insurance	\$ _____
Cash gifts from Family/Friends	\$ _____	Clothing Expenses	\$ _____
		Dependent Care (Day Care Cost)	\$ _____
		Personal Care	\$ _____
Other (Specify)	\$ _____	Other (Specify)	\$ _____
<b>TOTAL</b> (Per Month)	\$ _____	<b>TOTAL</b> (Per Month)	\$ _____

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**NOTE: IF EXPENSES EXCEED INCOME PER MONTH, PLEASE SUBMIT A WRITTEN STATEMENT EXPLAINING THIS SITUATION. SPACE IS PROVIDED ON THE BACK OF THIS FORM.**

**NON CASH MONTHLY SUPPORT 2007**

If your monthly cash income does not support your monthly expenses, please explain and itemize below the dollar value of support you receive each month and for living expenses paid on your behalf for:

Monthly Amount Paid

Housing	\$ _____	Health Insurance	\$ _____
Food	\$ _____	Clothing Expenses	\$ _____
Car or Public Transportation	\$ _____	Dependent Care	\$ _____
Telephone	\$ _____	Personal Care	\$ _____
Utilities (Gas, Water, Electric)	\$ _____	Other (Specify)	\$ _____
Column One		Column Two	
Total	\$ _____	Total	\$ _____

**TOTAL OF COLUMNS ONE AND TWO \$ \_\_\_\_\_**

**Total Student Financial Aid Received**  
**Spring 2007, Summer 2007, Fall 2007**

Grant (Pell, SEOG, OTAG OHLAP)	\$ _____	Loan (Stafford, Perkins, Other)	\$ _____
Scholarships and Tuition Waivers	\$ _____	Federal Work Study or Student Work	\$ _____

Use the space below for any explanation which will clarify your ability to live on your reported income.

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date