



2026-27 Living Expense Worksheet

Financial Aid Office ▪ 4001 W. McNichols Rd. ▪ Detroit, MI 48221
 Phone: 313-993-3350 ▪ Fax: 313-993-3347 ▪ finaid@udmercy.edu

Student Name: _____ ID: _____

Please complete items 1-4 regarding the 2024 Tax

Year. 1. Please indicate where you lived:

- Parent(s) Friend/Relative Rented Residence Owned Residence

2. Please select all resources below from which the ___ student ___ parent(s) received their primary financial support:

- Student Loans Parent Friend/Relative SNAP Benefits (Food Stamps) Medicaid
 Disability/SSI Savings Work Other _____

3. For each item below please state the **estimated** cost for the year and how the expense was paid. If you did not incur the expense, please indicate N/A in the cost column. This form **MUST** be filled out entirely.

Annual Expense	Yearly Cost	Source of payments <small>(i.e. relative, SNAP etc.)</small>
Rent/Mortgage	\$	
Utilities (Gas, electric, water)	\$	
Food	\$	
Clothing	\$	
Household Maintenance (cleaning, laundry, etc.)	\$	
Health Care	\$	
Commuting cost (gas, oil, etc.)	\$	
Insurance (car/home)	\$	
Car Payment	\$	
Credit Card/loan payments	\$	
Tuition & Fees**	\$	
Child/Elder Care	\$	
Miscellaneous Personal Expenses	\$	

** Only include tuition and fees and books and supplies not paid by financial aid programs.

4. Please explain how you supported yourself (or your family) and met your basic living expenses on your reported income.

Student Signature: _____ **Date:** _____

Parent Signature (Dependent Student's only): _____ **Date:** _____