

University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO

Complete and sign this page only if you and your child will live with your parent(s) during the 20 /20 school year.

What is your current approximate monthly income from the following sources?

Employment	\$ _____ /month
Child Support	\$ _____ /month
Government Assistance (WIC, SNAP, etc.)	\$ _____ /month
Other - please list source(s)	\$ _____ /month

Please check and provide monthly amounts for the following expenses you're paying or reimbursing your parent(s) to live in their household:

___ Rent \$ _____ per month

___ Utilities \$ _____ per month

___ Cell Phone \$ _____ per month

___ Groceries \$ _____ per month

___ Child Care \$ _____ per month

Other expenses - please list:

_____ \$ _____ per month

_____ \$ _____ per month

_____ \$ _____ per month

Please note: Supporting documentation may be required.

Student's Signature

Date

Complete and submit this document to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (University of Central Missouri, Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).