OXY FINANCIAL AID EXPENSE STATEMENT 2012-2013

STUDENT'S NAME: _____

OXY ID: _____
(New Students Leave Blank)

Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid

Please note that not all expenses are recognized for the purpose of determining eligibility for financial aid.

This form reports the expenses of: ☐ _____ ☐ Student
Parent Name (print)

EXPENSES
Monthly Expenses Academic Year 2012-2013

1. Books and Supplies (for student only)	$_____
2. Rent or Mortgage ($_____/month) (exclude if living on-campus)	$_____
3. Food ($_____/month) (exclude if you have a campus meal plan)	$_____
4. Utilities	
Gas and Electric ($_____/month)	$_____
Water and Trash ($_____/month)	$_____
Telephone ($_____/month)	$_____
5. Personal	
Medical, dental, vision, and prescriptions	$_____
Clothing	$_____
Recreation	$_____
Miscellaneous (toiletries, etc.)	$_____
6. Transportation	
Gas ($_____/month)	$_____
Car maintenance/repairs	$_____
Car insurance	$_____
7. Child care (if applicable)	$_____
8. Other (please specify)_____	
_____	$_____
TOTAL EXPENSES: (If expenses exceed income, please attach a statement explaining how you meet your expenses.) Add items 1-8.	$_____

CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature of Person Completing Form **Print Name** **Date**