

2009-10 Dependent Maintenance Allowance Worksheet

Name _____	UW Student# _____
Address _____	Soc. Sec. # _____
City, State, Zip _____	Telephone # _____
I certify the information provided on this form is true and complete to the best of my knowledge.	
Student Signature _____	Date _____

For us to determine your eligibility for a Dependent Maintenance Allowance, please list all of your monthly household expenses on the worksheet below.

Budget Item	Current MONTHLY Expenditures
Rent/Mortgage/Housing	
Food/Groceries/Dining	
Utilities (electric, gas, oil, water, sewer, phone, cable, garbage)	
Insurance (medical, home, life)	
Car payments, license, and insurance	
Car maintenance and repairs	
Gasoline/parking/public transportation	
Medical / Dental costs not covered by insurance	
Clothing	
Personal services / items (grooming, haircuts, laundry)	
Recreation/Entertainment	
Credit card debt paid	
Cell phone/pager/other wireless communication	
Child Care Expenses	
Miscellaneous (list on separate sheet)	
TOTAL	\$