

STUDENT'S PERSONAL FINANCIAL STATEMENT

These next two pages consist of personal financial information relating to you, your spouse/partner and/or dependents. Please review each line and complete the information that pertains to you. If the section does not pertain to you, please mark it with "n/a".

NOTE: *Assets/Liabilities are amounts that are current today. Income/Expenses are amounts that reflect that which you have earned/spent in the last 12 months.*

ASSETS			LIABILITIES	
(Amounts as of Today)			(Amounts as of Today)	
<u>LIQUID:</u>			<i>Please list <u>entire</u> amount owed.</i>	
Cash - Checking	\$		Real Estate Loan(s):	
Cash - Savings	\$		a.	\$
Stocks and Bonds	\$		b.	\$
Life Insurance <i>(cash surrender value)</i>	\$			
Subtotal Liquid Assets	\$		Automobile Loan(s):	
Real Estate (Market Value)	\$		a.	\$
Vested Interest/Retirement Fund	\$		b.	\$
Vehicles owned:			c.	\$
<u>Make</u> <u>Year</u> <u>Value</u>			d.	\$
a.	\$			
b.	\$		Revolving Charge Acct(s) (please itemize):	
c.	\$		a.	\$
d.	\$		b.	\$
Subtotal Value/Vehicles:	\$		c.	\$
Other Assets (please itemize):			d.	\$
a.	\$			
b.	\$		Other Liabilities (please itemize):	
c.	\$		a. MCL Note Payable (TIP)	\$
d.	\$		b.	\$
			c.	\$
			d.	\$
Total Assets:	\$		Total Liabilities:	\$

INCOME		EXPENSES	
<i>(Please list amounts for last 12 months and <u>before</u> taxes.)</i>		<i>(Please list total spent in last 12 months.)</i>	
Employment Income - Student	\$	Mortgage or Rent	\$
Employment Income - Spouse	\$	All income taxes	\$
MCL Scholarship(s) Awarded	\$	Property Taxes	\$
Dividends / Interest	\$	Insurance Premiums	\$
Spousal/Child Support	\$	Utilities / Telephone	\$
Rental Income	\$	Food	\$
Veteran's Benefits	\$	Clothing	\$
Disability Income	\$	Personal Services: <i>(laundry, cleaning, etc.)</i>	\$
Unemployment Benefits	\$	Child care expenses	\$
Pensions	\$	Child/Spousal Support	\$
Inheritance	\$	Child school costs	\$
Parent Contribution	\$	MCL Expenses	\$
Other income (Please itemize):		Transportation:	
a.	\$	Loan, Insurance, Reg. Fee	\$
b.	\$	Gas and maintenance	\$
c.	\$	Entertainment	\$
		Medical / Dental	\$
		Other Expenses:	
		a.	\$
		b.	\$
		c.	\$
Total Income:	\$	Total Expenses:	\$

Leave blank, for office use only.

Income verified by _____

All of the information on this application is true and complete to the best of my knowledge. I have attached a verification of my year-to-date payroll earnings and a copy of my most recently filed tax form(s) complete with schedules and support forms.

Date

Applicant's Signature