

**PARENT'S STATEMENT OF MONEY RECEIVED OR BILLS PAID ON BEHALF OF:**

Parent's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Type of expense	Amount:	Number of months paid:	Total for 2021 year:
Rent/House payment			
Electricity			
Water/Sewage			
Telephone			
Other Utilities			
Food (Do not include food stamp purchases)			
Clothing			
Car payment (on student's vehicle)			
Car insurance (on student's vehicle)			
Miscellaneous expenses			
Type:			
<b>Total Paid:</b>			

Divide the above number by number of people in the household: \_\_\_\_\_

Total amount paid on your behalf and cash received: \_\_\_\_\_

I, \_\_\_\_\_, certify that I paid the above bills on behalf of \_\_\_\_\_ (*Parent's Name*).

Signature \_\_\_\_\_  
(Person paying the bills)

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_