

WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

2009-2010 Parent In-Kind Support/Resource Statement

Parent Name _____ Parent SSN# _____

Student Name _____ One Card ID _____

This form is being sent to you because you are the parent(s) of a medical student who is applying for campus-based aid, and your reported income on the 2009-2010 Free Application for Federal Student Aid (FAFSA) is blank, zero, or unusually low.

Please list below your MONTHLY living expenses during 2008, then list the source of payment for each expense. Sources can include untaxed income benefits from the Family Independence Agency (FIA), Social Security Administration, cash received from friends or relatives, and in-kind support (bills paid on your behalf).

<u>2008 Expenses</u>	<u>Cost Per Month</u>	<u>Source of Payment</u> (Example: relative, wages, untaxed income)
Rent	\$ _____	_____
Utilities	_____	_____
Medical/dental insurance	_____	_____
Medical/dental expenses	_____	_____
Transportation expenses	_____	_____
Life Insurance	_____	_____
Food	_____	_____
Clothing	_____	_____
Personal	_____	_____
Miscellaneous	_____	_____

CERTIFICATION STATEMENT

I certify that the information reported above is true to the best of my knowledge.

Parent Signature _____ Date _____ Daytime Phone # _____