

**WAYNE STATE
UNIVERSITY**

SCHOOL OF MEDICINE

**2009-2010
Student In-Kind/Resource Statement**

Student Name _____ **One Card ID** _____

This form is being sent to you because you are a medical student who is applying for campus-based aid, you reported a marital status of divorced or separated on the 2009-2010 Free Application for Federal Student Aid (FAFSA), and your reported income includes income from spouse which should be excluded.

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.

Student Signature _____ **Date** _____

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