

12. Parent(s) annual expenses:

| Expenses | Annual Expenses |
|----------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- A. Include rent or mortgage payment.
- B. Include monthly costs of electricity, phone, heat, and other utility charges not included in rent.
- C. Include costs for groceries, as well as meals eaten out.
- D. Include all medical care costs, including doctor's visits, glasses, contact lenses, prescriptions, medical insurance, special needs, etc.
- E. If you own a car, include costs for insurance, maintenance, repair, and mileage. If you do not own a car, itemize types and kinds of travel costs you do have, bus, cab, etc.
- F. Include personal care costs such as haircuts, dry cleaning, laundry.
- G. Include child care and/or dependent care.

13. Other circumstances to be considered:

14. Signature: _____ Date: _____

Please Send to: JAHA, 1300 W. North St., Jackson, MI 49202