MONTHLY BUDGET WORKSHEET
For January through December  ☐ 2010  ☐ 2011

This form contains information from:  ☐ Student/Spouse  ☐ Parent(s)

I. What was the gross pay each month in 2010?
   ♦ Father, Stepfather, Guardian or Student  __________
   ♦ Mother, Stepmother, Guardian or Student’s Spouse  __________
   OR, what is the expected gross pay each month for 2011?  __________

II. List amounts of other income per month:
   ♦ Unemployment  __________
   ♦ Workers’ Comp/Disability  __________
   ♦ Social Security Benefits  __________
   ♦ Child Support  __________
   ♦ V.A. Benefits  __________
   ♦ ADC/AFDC  __________
   ♦ Other  __________

III. Misc. Resources; list amounts used for living expenses per month:
   ♦ Savings  __________
   ♦ Trust funds  __________
   ♦ Parent/relative/friend  __________
   ♦ Other:  __________

TOTAL MONTHLY INCOME: (Add Sections I, II, and III)  __________

PLEASE COMPLETE SIDE TWO: MONTHLY HOUSEHOLD EXPENSES

PLEASE NOTE: If the total of your monthly household expenses exceeds your monthly gross income, you will need to give a DETAILED explanation of how you met your expenses.

I/WE CERTIFY THAT THE MONTHLY INCOME AND EXPENSES PROVIDED ON THIS WORKSHEET ARE COMPLETE AND CORRECT.

Signature of parent  Date

Signature of student  Date

(OVER)
MONTHLY HOUSEHOLD EXPENSES:  ☐ 2010  ☐ 2011
**[Also list amounts paid on your behalf by other family member(s) or non-family member(s).]**

**TOTALS**

I. Housing and Maintenance:
   ♦ Rent/Mortgage
   ♦ Property/Rental Insurance
   ♦ Electricity
   ♦ Gas
   ♦ Water/sewage
   ♦ Telephone
   ♦ Other: _______________  __________

II. Transportation
   ♦ Vehicle payment
   ♦ Vehicle Insurance
   ♦ Gas/oil/repairs

III. Food
   ♦ Groceries
   ♦ Meals eaten out

IV. Clothing
   ♦ Work/leisure clothes
   ♦ Laundry/dry cleaning

V. Medical
   ♦ Insurance (not covered by employer)
   ♦ Doctor bills (not covered by insurance)
   ♦ Dental bills
   ♦ Medications
   ♦ Other: _______________  __________

VI. Personal/Misc.
   ♦ Entertainment
   ♦ Child care
   ♦ Other: _______________  __________

TOTAL OF ALL ABOVE: ___________________________

**If you live with your parent or other family or non family member(s), and they pay the rent/mortgage or any other category listed above, what would be your portion if you were being charged. A monetary amount must be listed. (this applies to all categories if applicable)**