

RETURN TO:
 Financial Aid Office
 Concordia University
 1530 Concordia West
 Irvine, CA 92612
 (949) 214-3066
 FAX: (949) 854-6709
 Email: finaid@cui.edu

Name of Financial Aid Applicant (*Please Print*):

 Last First Middle

Banner ID Number: _____

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)**