



# 2015-2016 MONTHLY BUDGET WORKSHEET (STUDENT)

Student Last Name	First Name	Middle Initial	Student ID Number
-------------------	------------	----------------	-------------------

**Please complete your monthly or yearly budget below listing your expenses and resources for the year 2014**

**Expenses and Resources From January through December for 2014**

**This form contains information from the student only:**

**Estimated Expenses** (Below list all expenses you or someone else pays for you)

	<u>Monthly</u>	or	<u>Yearly</u>
1. Rent or mortgage payment	\$ _____		\$ _____
2. Utilities (gas, phone/cell phone, electric)	\$ _____		\$ _____
3. Insurance: Auto/Home/Renters	\$ _____		\$ _____
4. Food/Groceries	\$ _____		\$ _____
5. Clothing	\$ _____		\$ _____
6. Transportation	\$ _____		\$ _____
7. Car Payments	\$ _____		\$ _____
8. Medical and/or Dental	\$ _____		\$ _____
9. Other: _____	\$ _____		\$ _____

**Resources:**

1. Cash support from family or non-family members	\$ _____		\$ _____
2. Gross pay for:			
• Student	\$ _____		\$ _____
• Spouse (If applicable)	\$ _____		\$ _____
3. Unemployment received in 2014	\$ _____		\$ _____
4. Child Support received in 2014	\$ _____		\$ _____

**Check all that apply that helps you meet your above expenses:**

- Housing and/or food provided by family or non-family members
- Financial Aid if you attended a college
- Personal Savings/ Trust Fund \$ \_\_\_\_\_ (Yearly Withdrawal Amount)
- Credit Cards
- Personal Loan (Attach a notarized statement signed by both parties with whom you have this loan)
- Social Security Income (SSI Benefits) \$ \_\_\_\_\_ (Monthly Amount)
- Workers' Comp/Disability \$ \_\_\_\_\_ (Monthly Amount)
- SNAP/Food Stamps or Cal Fresh
- TANF
- Other (explain): \_\_\_\_\_

I/We certify that the expenses and resources provided on this worksheet are true and complete. If asked by the financial aid office, I agree to provide proof and documentation for items listed on this form. I also realize that purposely giving false or misleading information on this form my result in reduced or cancellation of eligibility and/or repayment of financial aid.

Signature of Student

Date

**RETURN TO: Concordia University, Financial Aid Office: 1530 Concordia West, Irvine, CA 92612**  
FAX: (949) 214-3500; Email: [finaid@cui.edu](mailto:finaid@cui.edu); Phone: (949) 214-3066