



2014-2015 MONTHLY BUDGET WORKSHEET

Student Last Name	First Name	Middle Initial	Student ID Number
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Please complete your monthly or yearly budget below of your expenses and resources for the year checked Expenses and Resources From January through December for 2013

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

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:			
<input type="checkbox"/> Father or Stepfather <input type="checkbox"/> Student	\$ _____		\$ _____
<input type="checkbox"/> Mother or Stepmother <input type="checkbox"/> Spouse	\$ _____		\$ _____
3. Unemployment <input type="checkbox"/> Parent <input type="checkbox"/> Student	\$ _____		\$ _____
4. Child Support <input type="checkbox"/> Parent <input type="checkbox"/> Student	\$ _____		\$ _____

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

- Housing and/or food provided by family or non-family members
- Financial Aid
- Personal Savings/ Trust Fund \$ _____ (Yearly Withdrawal Amount)
- Credit Cards
- Personal 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 parent _____ Date _____

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; Phone: (949) 214-3066