



# 2016-2017 MONTHLY BUDGET WORKSHEET (PARENT)

|                   |            |                |                   |
|-------------------|------------|----------------|-------------------|
| 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 2015**  
**Expenses and Resources From January through December for 2015**

**Estimated Expenses** *(List all expenses paid by you (the parent) or someone else)*

|  | <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:                                 |          |  |          |
| • Father or Stepfather                            | \$ _____ |  | \$ _____ |
| • Mother or Stepmother                            | \$ _____ |  | \$ _____ |
| 3. Unemployment received in 2015                  | \$ _____ |  | \$ _____ |
| 4. Child Support received in 2015                 | \$ _____ |  | \$ _____ |

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

- Housing and/or food provided by family or non-family members
- 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 parent

Date

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