RETURN TO Office of Financial Aid and Scholarships 102 Administration Building Irvine, CA 92697-2825

Name	
UCI ID Number	U G P
Social Security Number	

2001 FAMILY BUDGET REPORT (12 Month)

Please itemize your parent(s) expenses and financial resources for the period from January 1, 2001 through December 31, 2001

Liv	ing Expenses:	Amount/Month	Amou	ınt/Year	<u>Subtotals</u>		
A.	Rent/Mortgage/Property Taxes:	\$ x 12 =	\$	 			
	Subtotal (housing costs for entire year	·)	Se	ection A	\$		
В.	Utilities:						
	1. Gas & Electric	\$	x 12 =	\$	_		
	2. Water	\$	x 12 =	\$	_		
	3. Telephone	\$	x 12 =	\$	_		
	4. Other	\$	x 12 =	\$	_		
	Subtotal (Add 1 – 4)			Section B	\$		
C.	Transportation:						
С.	1. Gas	\$	x 12 =	\$			
	2. Maintenance	\$	x 12 =	\$	_		
	3. Car Payment & Insurance	\$		\$	_		
	4. Bus Fare	\$	x 12 =	\$	_		
	5. Other	\$	x 12 =	\$	_		
	Subtotal (Add 1 – 5)		So	ection C	\$		
D	Other Expenses:						
ъ.	1. Food	\$	x 12 =	\$			
	2. Clothing	\$	x 12 =	\$	_		
	3. Recreation	\$		\$	_		
	4. Medical & Dental	\$	x 12 =	\$	_		
	5. Child Care	\$	x 12 =	\$	_		
	6. Other (not listed above)	\$	x 12 =	\$			
	Subtotal (Add 1 – 6)		So	ection D	\$		
	Total Expenses (Add Subtotals A – D)				\$		
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	If your total expenses are greater than your total resources, please provide an explanation of how expenses were met and attach documentation.						
	Father's Signature			_ Date			
	Mother's Signature			_ Date			

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both. *Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record-keeping systems relating to this form were established prior to January 1, 1975, pursuant to the authority of the Regents of the University of California under Article IX, of the California Constitution. The Social Security number is used to verify your identity.