Rays of Hope Financial Aid Budget Form



INCOME	Monthly	Due Date	Total
HVCOME	Payment	Due Dute	Owed
Your Gross Pay			
Spouse's Gross Pay			
Social Security Income			
Child Support Received			
Alimony Received			
Worker's Compensation			
Unemployment			
Other income			
outer meonic			
CHARITY			
Tithe			
Other charitable giving			
EXPENSES			1
HOUSING			1
Rent/Mortgage			1
Taxes (if not included in mortgage)			1
Homeowner's/Tenant Insurance (if not included in			
mortgage)			
UTILITIES			
Electric			
Water/Sewage			
Phone			
Cell Phone			
Cable TV			
TRANSPORTATION			
Car Insurance			
Car payment			
Auto repair			
Gasoline/Transportation			
DEBT			
Installment loan with			
Installment loan with			
Child support paid			
Alimony paid			
Charge Account			
Student Loan			
Student Loan			
FOOD/DINING OUT/ etc/Entertainment			
Food-Grocery Store			
Dining out			
Cigarettes/beverages			
Newspaper/magazines, etc.			
Entertainment (including babysitting expense)			
MEDICAL/HEALTH			
Doctor			

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Prescriptions		
Dentist		
Eye Care		
Medical Providers Paying Monthly Payments		
Medical Providers Paying Monthly Payments		
Medical Providers Paying Monthly Payments		
Medical Providers Paying Monthly Payments		
Life Insurance		
Dry cleaning, laundry		
PERSONAL		
Pet expenses		
Clubs, sports hobbies		
New clothing/shoes		
Barber/hair salon		
School Tuition		
Cosmetics		
CHILDREN		
Allowances		
Tutoring		
College Funds		
Daycare		
SAVINGS		
Gifts-Birthdays, anniversaries-Holidays		
Emergency Savings		
Saving for		
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OTHER EXPENSES		