



BUDGET PLANNING WORKSHEET

Student Name: _____
LAST FIRST M.I.

S.S.#: _____ - _____ - _____

MONEY COMING IN EACH MONTH

Total Net Income (Per Month): *Include take-home pay, unemployment benefits, TANF, SSI, disability benefits, bonuses, self-employment income, interest, dividends, assistance from family members, etc.*

\$

MONEY GOING OUT EACH MONTH

Fixed Expenses:

Mortgage or Rent

\$

Savings/Investments - *Retirement, emergency, mutual funds*

\$

Installment Payments - *Include auto, credit card payments and loans*

\$

Taxes (not withheld by employer) - *Property, income, social security*

\$

Insurance - *Auto, homeowners, life, health*

\$

Variable Expenses:

Food - *Groceries, restaurants, snacks*

\$

Utilities - *Gas, electricity, garbage, telephone*

\$

Home - *Furnishings, maintenance, improvements*

\$

Transportation - *Gas, fares, parking, maintenance*

\$

Clothing & Personal Care - *New clothes, dry cleaning, hair cuts*

\$

Entertainment/Gifts - *Recreation, vacation, gifts*

\$

Medical/Dental - *Not covered by insurance*

\$

Child Care

\$

Miscellaneous: _____

\$

Total Expenses

\$

Surplus (+) or Deficit (-)?

Subtract your estimated expenses from your net income to determine if you have a surplus (extra money) or a deficit (not enough money to cover expenses).

Annual
(9 or 12 Months)

Monthly

\$	\$
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Are you paying Non-resident Fees? Yes No

Are you currently enrolled in a Health Science Program? Yes No

Please state your Educational Objective:

Obtain an Associate Degree Transfer Obtain a Certificate

Please explain any extenuating financial circumstances you would like us to consider:

Student Signature

Date

Financial Aid Office Use Only:

- Approved for maximum loan amount eligible.
- Approved for adjusted loan amount using Professional Judgment for \$ _____.
(Letter sent on: _____)
- Denied loan certification using Professional Judgment.
(Letter sent on: _____)

Financial Aid Signature: _____ Date: _____