

2024-25 MONTHLY BUDGET WORKSHEET

Please complete the entire worksheet. **Do not leave anything blank.** If a source of income or expense does not apply, enter "0" or "N/A." In addition, for each source of income or expense included, you must provide supporting documentation (i.e. W2, pay stub, bill, receipt, etc.). You must submit supporting documentation, or the information will not be included.

STUDENT NAME:
STUDENT ID NUMBER:

Income	Monthly Amount
Wages	\$
Other	\$
TOTAL INCOME	\$

Expenses	Monthly Cost	Paid by Student	Amount paid by Other	Relationship of Other to Student
Please leave nothing blank. Put either "N/A" or "0".				
Rent/Mortgage	\$	\$	\$	
Utilities (gas and electricity)	\$	\$	\$	
Home/Rental Insurance	\$	\$	\$	
City Taxes	\$	\$	\$	
Car	\$	\$	\$	
Car Insurance	\$	\$	\$	
Gas for Vehicle	\$	\$	\$	
Transportation (bus, taxi, etc.)	\$	\$	\$	
Credit Card	\$	\$	\$	
Health Insurance	\$	\$	\$	
Phone (cell and/or home)	\$	\$	\$	
Food	\$	\$	\$	
Toiletries	\$	\$	\$	
Diapers/Wipes	\$	\$	\$	
Childcare	\$	\$	\$	
TOTAL	\$	\$	\$	

CERTIFICATION

By signing this worksheet, I (we) certify that all the information reported in it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

 Student Signature

 Date

SIGNATURES MUST BE HANDWRITTEN