

### 2026-27 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	\$ _____
<b>TOTAL INCOME</b>	\$ _____

Expenses	Monthly Cost	Paid by Student	Amount paid by Other	Relationship of Other to Student
<b>Please leave nothing blank. Put either "N/A" or "0".</b>				
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	\$ _____	\$ _____	\$ _____	
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____	

**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\***