



## 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.*

\$	
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### MONEY GOING OUT EACH MONTH

**Fixed Expenses:**

**Mortgage or Rent**

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

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

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

\$	
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**Insurance** - *Auto, homeowners, life, health*

\$	
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**Variable Expenses:**

**Food** - *Groceries, restaurants, snacks*

\$	
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**Utilities** - *Gas, electricity, garbage, telephone*

\$	
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**Home** - *Furnishings, maintenance, improvements*

\$	
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**Transportation** - *Gas, fares, parking, maintenance*

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

\$	
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**Entertainment/Gifts** - *Recreation, vacation, gifts*

\$	
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**Medical/Dental** - *Not covered by insurance*

\$	
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**Child Care**

\$	
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**Miscellaneous:** \_\_\_\_\_

\$	
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**Total Expenses**

\$	
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### 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:

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\_\_\_\_\_  
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:\_\_\_\_\_