## BUDGET PLANNING WORKSHEET

**Student Name:** ____________________________________________

**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, child support received, 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 +) or a deficit (not enough money to cover expenses or a -).

<table>
<thead>
<tr>
<th>Annual (9 or 12 Months)</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income: $_______</td>
<td>Income: $_______</td>
</tr>
<tr>
<td>-Expenses: $___________</td>
<td>-Expenses: $___________</td>
</tr>
<tr>
<td>= (+ or -)$___________</td>
<td>= (+ or -)$___________</td>
</tr>
</tbody>
</table>
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 eligible loan amount.

☐ Approved for loan amount requested of $______________.

☐ Approved for adjusted loan amount using Professional Judgment for $______________.
  (Letter sent on:______________)

☐ Denied loan certification using Professional Judgment.
  (Letter sent on:______________)

☐ Discussed with the student their plans to repay these loans based on their educational goal.

Financial Aid Signature:____________________________________________ Date:__________