



## BUDGET PLANNING WORKSHEET

Student Name: \_\_\_\_\_  
LAST FIRST M.I.

Student ID #: \_\_\_\_\_

### 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.*

\$ _____
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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

Income: \$ _____	Income: \$ _____
-Expenses: \$ _____	-Expenses: \$ _____
=(+ or -)\$ _____	=(+ or -)\$ _____



Are you paying Non-resident Fees?  Yes  No

What is your educational goal? (Financial Aid will fund only one objective.)

CHECK ONLY ONE:  Certificate  Associate Degree  Transfer  Associate Degree Transfer

Are you currently enrolled in a Health Science Program?

Yes. Please list major \_\_\_\_\_

No. Please list major \_\_\_\_\_

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

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Financial Aid Office Use Only:**

- Discussed with the student about their plans to repay these loans based on their educational goal.
- 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 :\_\_\_\_\_)

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_