

 Estimate of Household Expenses

Student Name:



|  |  |  |  |
| --- | --- | --- | --- |
| EXPENSE DESCRIPTION | MONTHLY | X 12 = | ANNUAL |

|  |  |  |
| --- | --- | --- |
| Rent or mortgage payment(s) Rent Own |   |   |
| Property taxes |   |   |
| Property Insurance |   |   |
| Residence repairs & maintenance |   |   |
| Housekeeping/cleaning |   |   |
| Gardener, pool/spa services |   |   |
| Groceries & household supplies |   |   |
| Utilities, phones, cable, internet, alarm, etc. |   |   |
| Entertainment |   |   |
| Dining out |   |   |
| Gifts & presents |   |   |
| Vacations |   |   |
| Education SFFS |   |   |
| Other tuition |   |   |
| Auto payments Lease Own |   |   |
| Insurance |   |   |
| Gasoline |   |   |
| Repairs & maintenance |   |   |
| Other loans |   |   |
| Other payments |   |   |
| Medical/dental insurance premiums |   |   |
| Prescription drugs |   |   |
| Un-reimbursed medical/dental expenses |   |   |
| Other insurance (e.g., life, disability, etc.) |   |   |
| Day care / after school / babysitting |   |   |
| Lessons |   |   |
| Camp |   |   |
| Allowances |   |   |
| Alimony & child support payments |   |   |
| Dues, memberships & subscriptions |   |   |
| Retirement & other savings |   |   |
| Shoes and clothing |   |   |
| Laundry and incidentals |   |   |
| Cash donations |   |   |
| Other expenses (list below) |   |   |
| **TOTAL** |  |  |

1. Please describe the employment situation for all adults in the household. Include job title, employer, employment status (e.g., reduced hours, furloughed, laid off, independent contractor, not employed prior to CoVid). Describe sources of income/amounts (monthly looking forward): wages, other income, unemployment income, severance, gifts, etc. Also, please let us know to the best of your ability when you predict your situation may change (e.g., furloughed until June 15th, then returning to work).

1. If you are a business owner, is your business currently open? Describe CoVid impact on business revenue (include income statement, if possible). Please describe the current short-term plans for the business with regards to reopening? Which of the federal relief programs are you participating in?

1. Explain any CoVid related unusual expenses you are incurring?

We certify that the foregoing is true and accurate to the best of our knowledge and will provide necessary documentation, if required (MUST BE SIGNED BY BOTH PARENTS IN TWO-PARENT HOUSEHOLDS.)

Parent/Guardian signature Parent/Guardian signature