

Student Name: _____

EXPENSE DESCRIPTION	MONTHLY	X 12 =	ANNUAL
Rent or mortgage payment(s) <input type="radio"/> Rent <input type="radio"/> 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 <input type="radio"/> SFFS	_____		_____
<input type="radio"/> Other tuition	_____		_____
Auto payments <input type="radio"/> Lease <input type="radio"/> 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	_____		_____

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