

Financial Aid Application. Monthly Expense Budget Worksheet

In addition to the other forms requested, please complete this worksheet noting amounts earned/spent on a MONTHLY basis. For any annual, quarterly or intermittent income/expense such as insurance premiums, please calculate a monthly amount. Add any comments or explanations as necessary on the back of this form. Return this form to SSS along with the completed PFS and your complete tax returns including all schedules.

Send to "SSS by NAIS", Application Processing Center, P.O. Box 449, Randolph, MA 02368-0449

Name of Family _____ Date _____

MONTHLY INCOME

Gross Salaries _____
 Net Business Income _____
 (for self-employed)
 Interest/Dividends _____
 Social Security/Death Benefits _____
 Retirement _____
 Student's Trust Income _____
 Parent's Trust Income _____
 Property Rentals _____
 Mortgage Income _____
 Other _____
TOTAL INCOME _____

Education

School Tuition _____
 Summer Camp _____
 Child Care _____
 Extracurricular Classes _____
 Academic Tutoring _____

Credit Card Payments

Employment

Parking _____
 Uniforms _____

MONTHLY EXPENSES

Home

Rent/Mortgage _____
 Property Taxes _____
 Homeowners Insurance _____
 Fire Insurance _____

Food

Utilities

Electricity _____
 Gas _____
 Water _____
 Trash _____
 Cable TV _____

Auto

Loan/Lease _____
 Gasoline _____
 Insurance _____
 Service _____
 Repair _____

Medical/Dental

Doctors/Hospitals _____
 Prescription Drugs _____
 Insurance _____

Household

Maid/Nanny _____
 Furniture _____
 Supplies _____
 Gardening _____
 Maintenance _____
 Other _____

Leisure

Clubs _____
 Entertainment _____
 Vacations _____

Miscellaneous

Donations _____
 Retirement _____
 Savings _____
 Life Insurance _____
 Child Support/Alimony _____
 Gifts (Holiday & Other) _____
 Debts—Other _____

TOTAL EXPENSES

NOTES: