

Expense Resource Worksheet

INSTRUCTIONS:

- Form must be completed using Adobe Acrobat Reader ([free download](#)).
Preview, web browsers and other PDF readers will not work.
- Totals in red are automatically calculated.
- Save a copy of the form in order to retain a backup copy.
- Once filled out, print the form, sign it, and submit printed version for approval.

Please complete the columns below. All figures should be totals for the time periods specified. Do not use monthly or weekly amounts. Financial aid should not be reported unless otherwise indicated. Please Note: Resources should be equal to, or greater than, expenses. Any zero expenses must be explained. Personal loans must have an attached promissory note. (Do not include federal student loans).

Student Name _____
LAST NAME FIRST NAME

Student ID _____ Time Period Covered _____ from _____
ID NUMBER MM/DD/YYYY MM/DD/YYYY

Phone Number _____ Email Address _____
COUNTRY CODE (###) ###-#### EMAIL@DOMAIN.***

Address _____
STREET ADDRESS 1 STREET ADDRESS 2 (APARTMENT #, SUITE, ETC.)

_____ CITY STATE ZIP/POSTAL CODE COUNTRY

Expenses	Parent Yearly Cost	Student/Spouse Yearly Cost
Rent/Mortgage		
Gas/Phone/etc.		
Food		
Medical/Dental		
Transportation		
Auto Payments		
Credit Card Payments		
Personal		
Other (describe)		
Total		

Resources	Parent Yearly Cost	Student/Spouse Yearly Cost
Wages/Salaries/etc.		
Savings		
Social Security		
Disability		
Veteran's Benefits		
Public Asst/AFDA/ADC/TANF		
Food Stamps/SNAP		
Alimony/Child Support		
Unemployment Comp		
Personal Loans		
Cash Gifts from Friends		
Other (Describe)		
Total		

All of the information on this form is true and complete to the best of my knowledge.

Parent Signature _____ Student Signature _____