

**Clark University Office of Financial Assistance
2016-2017 Family Budget Sheet**

Student's Name (Please Print) _____ Student ID # _____

The income reported on your 2016-2017 Free Application for Federal Student Aid (FAFSA) seems unusually low to have supported your household. Please help us to understand how you financially supported your household by itemizing your expenses and income below. This form must be returned to the Office of Financial Assistance in order to continue reviewing your application for financial aid.

The information below should be reported by: _____ Student _____ Parent(s) _____ Student and Spouse

| <i>MONTHLY</i> Expenses | | | <i>YEARLY</i> Income | |
|-------------------------|--|----------------------|---|--|
| <i>Calendar Year</i> | 2015 | <i>Calendar Year</i> | 2015 | |
| 1 | Rent/Mortgage | 1 | Total income earned from work in 2015 | |
| 2 | Utilities* | 2 | Welfare Benefits | |
| 3 | Food | 3 | Social Security Benefits | |
| 4 | Clothing | 4 | Child Support received in 2015 | |
| 5 | Medical/Dental Insurance | 5 | Total Alimony received in 2015 | |
| 6 | Car Payment | 6 | Worker's Compensation | |
| 7 | Car Insurance | 7 | Veteran's Benefits | |
| 8 | Gas / Transportation | 8 | Gifts received or money paid on your behalf, such as bills, etc. | |
| 9 | Child Care | 9 | Other (list type) | |
| 10 | Other (list type) | | | |
| 11 | Total Monthly Expenses (add #1 -10) | | | |
| | | 10 | Total Yearly Income (add Box #1 - 9) | |
| 12 | Total Yearly Expenses (multiply Box #11 x 12 Months) | | | |
| | | 11 | Net Amount (Income Box #10 minus Monthly Expense Box #12) | |

* Please use the back of this form to itemize your entry. Provide sources (heat, electricity, hot water, telephone, cable, etc.) and amounts for each item.

If the figure in **Box 11 (Net Amount)** above is a negative number, you are reporting that your expenses are greater than your resources. In this case, please explain below how you paid expenses that were greater than your resources. If you received free room and board, or if someone else paid your expenses for you, please explain. _____

I (we), hereby certify that information provided above is correct and complete. (Signature required for student and for all whose information was reported above.)

Student's Signature: _____ Spouse's Signature: _____ Date: _____

Mother's Signature: _____ Father's Signature: _____ Date: _____