



**2017-2018 ACADEMIC YEAR
HOUSEHOLD BUDGET WORKSHEET**

Student's name: _____ SS#: _____ EMPLID: _____

Please complete this form to clarify how you or your parent (if dependent) supported the household during the year of 2015 (January 1st, 2015 to December 31st, 2015). **Enter "0" or "N/A" if an item does not apply to you or your parent (if dependent), do not use pencil.**

2015 MONTHLY INCOME & RESOURCES	2015 MONTHLY EXPENSES
Income from Work: Self: Spouse: Parent 1 (if dependent): parent 2 (if dependent):	Food/Groceries:
Income from savings/investments (such as rent received not reported on tax return: \$	Housing (rent, mortgage, property, tax, insurance, maintenance, etc.):
Self-employment not reported on Tax Return:	Clothing (laundry, etc.):
Veteran's assistance:	Transportation:
Social Security benefits/ Supplemental Social Security Income:	Recreation:
TANF/WIC/SNAP/ Subsidized Housing Income:	Insurance (life/health):
Child support received:	Car Loans/Insurance:
Worker's Compensation/Unemployment Insurance Benefits:	Medical & dental (not covered by insurance):
Aid from family or friends:	Utilities (cable, cell phone, telephone, gas, electric, etc.):
Disability Benefits:	Educational expenses:
Tax Refunds (student loans, Financial Aid, etc.)	Any other Expenses:
Pension or Retirement Benefit not reported on Tax Return:	
Savings Used to Pay Expenses (Attach record of account balances for Jan. 2015):	
Other income (identify):	
TOTAL 2015 YEARLY INCOME:	TOTAL 2015 YEARLY EXPENSES:

**Please provide explanation and certification on the back of this form.*

***Please write a detailed explanation explaining how you or parent (dependent student) were able to meet the expenses for the household in 2015.**

EXPLANATION

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and or reduction or immediate repayment of aid. I further understand the information provided on this form may affect my financial aid eligibility. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

It is the policy of City Tech to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without regard to race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender identity, marital status, disability, genetic predisposition or carrier status, alienage, citizenship, military or veteran status, unemployment status or status as a victim of domestic violence.