

STUDENT NAME

BRANDMAN ID NUMBER

Please complete the budget below of your expenses for the **2009 calendar year**. Use either the monthly or yearly column opposite each entry.

<u>ESTIMATED FAMILY EXPENSES</u>	<u>2009 MONTHLY</u>	<u>2009 YEARLY</u>
Rent or mortgage payment	_____	_____
Property taxes (if separate)	_____	_____
Utilities (gas, phone, electric)	_____	_____
Insurance:	_____	_____
Home or renters	_____	_____
Auto	_____	_____
Other (i.e., life, theft)	_____	_____
Food	_____	_____
Clothing (family)	_____	_____
Transportation	_____	_____
Payments for auto	_____	_____
Medical and dental	_____	_____
Other _____	_____	_____
_____	_____	_____

YOU MUST COMPLETE THIS SECTION:

How did you meet the above expenses? (check all that apply)

- Cash support from family member(s) \$ _____
- Housing and/or food provided by family member(s)
- Support from other people \$ _____
- Financial Aid
- Personal Savings
- Credit Card(s)
- Personal Loan
- Other: _____

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the financial aid office, I agree to give proof of the information that I have given on this form. I also realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

STUDENT SIGNATURE

DATE