

STUDENT NAME \_\_\_\_\_

BRANDMAN ID NUMBER \_\_\_\_\_

Please complete the budget below of your expenses for the **2010 calendar year**. Use either the monthly or yearly column opposite each entry.

| <u>ESTIMATED FAMILY EXPENSES</u> | <u>2010<br/>MONTHLY</u> | <u>2010<br/>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                   | _____                   | _____                  |
| Car Payments                     | _____                   | _____                  |
| Medical and dental               | _____                   | _____                  |
| Other _____                      | _____                   | _____                  |
| _____                            | _____                   | _____                  |

**YOU MUST COMPLETE THIS SECTION:**

Please explain how you met 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
- Social Security Income
- Food Stamps or TANF
- Other (explanation and amount): \_\_\_\_\_

**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.

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_