



STUDENT NAME _____

CHAPMAN ID _____

In order to determine your financial eligibility for assistance, it is essential that we obtain specific information about your expenses and obligations. Please complete the budget sheet below for the 2007 calendar year. Use either the monthly or yearly column opposite each entry.

1. <u>ESTIMATED FAMILY EXPENSES</u>	<u>MONTHLY</u>	<u>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	_____	_____
Recreation	_____	_____
Other _____	_____	_____
_____	_____	_____

2. **YOU MUST COMPLETE THIS SECTION:**

Please provide a detailed explanation of how you met the above listed expenses for 2007. Also, provide any documentation you can to substantiate your claims. If more space is needed, please continue on reverse side.

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, 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.

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

DATE