



**2018-19**  
**STUDENT BUDGET INFORMATION**

This student budget will be used according to federal and institutional policy to determine expenses which may be used to supplement or replace the standard student budget to determine your cost of education. Documented actual costs may be used to increase the standard student budget within certain limits.

Name \_\_\_\_\_ Student ID or SSN \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Email \_\_\_\_\_

Number of credits Summer 2018 \_\_\_\_\_ Fall 2018 \_\_\_\_\_ Spring 2019 \_\_\_\_\_

**PLEASE PROVIDE DOCUMENTATION IF ITEM IS PRECEDED WITH ASTERISK\***

Documentation may include, but is not limited to, copies of day care statements, receipts for medical care for student not covered by insurance, copies of utility bills, rent/mortgage agreements, court documents, canceled checks, etc. If you are unable to provide documentation, please attach a statement explaining your computation. **Documentation must be dated during a term of enrollment within the current academic year (i.e. documentation cannot be dated in July if you are not enrolled in summer term).** If you share your expenses with other(s), enter **ONLY YOUR SHARE** of the expenses. Budget items listed below may be increased up to a limited amount, which may be less than the actual expense. Documentation must be in your name/include your name on the billing statement.

**Part 1**

**HOUSEHOLD SIZE** \_\_\_\_\_ total in household (if any are children under age 2, please indicate here \_\_\_\_\_)

**Part 2**

**STUDENT EXPENSES**

**MONTHLY**

**OFFICE USE ONLY**

**ROOM:**

\*Rent or Mortgage \_\_\_\_\_

\*Utilities: \_\_\_\_\_

\*Water \_\_\_\_\_

\*Sewer \_\_\_\_\_

\*Electric \_\_\_\_\_

\*Gas/Oil - home heating \_\_\_\_\_

**BOARD:**

**Food and Household Supplies** \_\_\_\_\_

**TRANSPORTATION:**

**School:** miles per day \_\_\_\_\_  
days per month \_\_\_\_\_

**Work:** miles per day \_\_\_\_\_  
days per month \_\_\_\_\_

\*Parking Fees \_\_\_\_\_

\*Auto Insurance \_\_\_\_\_

**PERSONAL EXPENSES:**

**\*Insurance:**

\*Medical \_\_\_\_\_

\*Renters \_\_\_\_\_

\*Clothing \_\_\_\_\_

\*Phone \_\_\_\_\_

\*Other - Please List \_\_\_\_\_

\_\_\_\_\_

**Part 3**

**STUDENT EXPENSES**

**MONTHLY**

OFFICE USE ONLY
_____
_____
_____
_____

**UNEXPECTED/ADDITIONAL EXPENSES:**

**\*Emergency Auto Repair** (Do not include maintenance) \_\_\_\_\_

**\*Medical Not Covered By Insurance** \_\_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Child Care (list age(s) of child(ren))** \_\_\_\_\_

**\*Other** Please List \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments and/or Explanations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the above is true and correct to the best of my knowledge. I further certify that documentation has been provided where required and that I will provide more if requested.

**Student's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Standard 9 Month Expense Budgets**

(Does not include tuition.)

\$1,980	Books and Supplies (Continuing students)
\$1,686	Books and Supplies (Entering students)
\$14,751	Room
\$3,411	Board
\$3,528	Personal Expenses
\$2,349	Transportation