

Student's Name:

EXPENSE & RESOURCE WORKSHEET 2018-2019

Simmons ID Number:

You must provide information for all categories of expenses and resources. Please provide full budget information (both expenses and resources) for the calendar year 2016 for the student, parent(s), spouse, and any other people for whom you or your parent(s) provide more than half of their support (e.g., dependent children).

NOTE: Please write N/A for any item below that is not applicable.

Be sure to include <u>all</u> resources you received, such as money received or expenses paid on your behalf.

Resources should be equal to or more than expenses. If not, a full explanation must be provided.

| Expenses | Total <u>Annual</u> Amount | Resources | Total <u>Annual</u> Amount |
|--|-------------------------------|---|-------------------------------|
| Rent / Mortgage | \$ | Parent One Wages (dependent students) OR Student Wages (independent students) | \$ |
| Food / Clothing | \$ | Parent Two Wages (dependent students) OR Spouse Wages (independent students) | \$ |
| Household (utilities, laundry, cell phone, etc.) | \$ | Income from Business you used for your personal/household expenses | \$ |
| Transportation (public transportation, car: payments, license, insurance, gasoline, maintenance, repairs, parking) | \$ | Social Security | \$ |
| Insurance (medical, life, etc.) | \$ | Interest / Dividend Income | \$ |
| Medical / Dental Expenses Not Paid by Insurance | \$ | Savings | \$ |
| Debt Payments (loans, credit cards) | \$ | Child Support Received (all children) | \$ |
| Educational Costs (paid for Simmons student) | \$ | Alimony | \$ |
| Educational Costs (paid for other family members) | \$ | Veterans' Non-Education Benefits | \$ |
| Other (itemize below) | \$ | Unemployment Compensation | \$ |
| | \$ | Pensions | \$ |
| | \$ | Other (Please list on a separate sheet) | \$ |
| Total 2016 Expenses | \$ | Total 2016 Resources | \$ |

| Explanation of additional expenses and/or resources (if needed): | | | | |
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| By signing this form, I acknowledge the following: | | | | |
| that all information provided is complete and correct to the be that reporting incorrect or inaccurate information on this form | | | | |
| that reporting incorrect or inaccurate information on this form may result in | | | | |
| that I may be required to provide additional documentation if I | requested. | | | |
| | | | | |
| Student Signature: | Date: | | | |
| Parent Signature: | Date: | | | |
| (One parent's signature is required for dependent undergraduate students. | | | | |
| | | | | |

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