CASH FLOW WORKSHEET

Student's Name: _____ Date of Birth: _____

This form is intended to correlate your family's monthly income sources and expenses. Please fill out the income and expense worksheet below completely. DO NOT LEAVE ANY BLANKS. When completed, this worksheet should show how you and/or your family received support for 2024.

MONTHLY INCOME AMOUNTS (Please list all income received in 2024)	STUDENT (AND SPOUSE, IF MARRIED)	PARENT(S)
Salary, Wages, Business Income	**$**	**$**
Payments to tax-deferred pension and retirement savings plans (reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H, and S)	$	$
Alimony Received	$	$
Cash Received from family/friends	$	$
Child Support Received	$	$
Commissions	$	$
Disability Benefits	$	$
Financial Assistance from church or charitable organizations	$	$
Food Stamps	$	$
Foreign Income	$	$
Hobby Income	$	$
Housing Benefits (Section 8, other benefits)	$	$
Interest/Dividends	$	$
Life Insurance Benefits	$	$
Lottery/Gambling Winnings	$	$
Pension	$	$
Public Assistance AFDC/ADC	$	$
Rental Income	$	$
Sale of property, stocks, bonds	$	$
Severance Pay	$	$
Social Security Benefits	$	$
Tips	$	$
Unemployment Compensation	$	$
Veteran's Benefits	$	$
Withdrawals from IRA, retirement accounts	$	$
Workman's Compensation	$	$
Other (Explain)	$	$
Total Monthly Income	**$**	**$**

CASH FLOW WORKSHEET (CONTINUED)

2024 MONTHLY FAMILY EXPENSES (Please list all expenses for 2024)	STUDENT (AND SPOUSE, IF MARRIED)	PARENT(S)
Alimony Paid	$	$
Cable	$	$
Car Payments/Maintenance	$	$
Cell Phones	$	$
Child Care	$	$
Child Support Paid	$	$
Clothing/Laundry	$	$
Credit Card Payments	$	$
Electricity	$	$
Entertainment (movies, music, books, etc.)	$	$
Extracurricular Actives (private lessons, clubs, dues, sports, etc.)	$	$
Financial Support provided to relatives not living within household	$	$
Food	$	$
Gas (Car)	$	$
Gas Bills (Home)	$	$
Gifts (birthdays, holidays, etc.)	$	$
Gym/Health Club Dues	$	$
Home Maintenance	$	$
Insurance Payments: Car	$	$
Insurance Payments; Home	$	$
Insurance Payments: Medical	$	$
Internet	$	$
Loan Payments	$	$
Lottery/Gambling	$	$
Medical/Dental Expenses	$	$
Mortgage/Rent	$	$
Parental Contribution for other siblings in college	$	$
Pet Maintenance/Expenses	$	$
Prescriptions	$	$
Public Transportation	$	$
Real Estate Taxes	$	$
Restaurants	$	$
Tithe	$	$
Tobacco/Alcohol	$	$
Toiletries, haircuts, nail care	$	$
Travel	$	$
Tuition and fees for siblings in private school	$	$
Union Dues	$	$
Vacation	$	$
Other Cash Expenses (Attach Explanation)	$	$
Total Monthly Expenses	$	$

If your Total Expenses exceed your Total Income, please use the space below or attach a letter to explain how expenses are met each month.

I certify that the information included on this form is true and I am willing to provide additional documentation if requested.

Student's Signature_____ **Date**_____

Parent's Signature_____ **Date**_____