



Boston University Financial Assistance

2020/2021 FAMILY BUDGET WORKSHEET

BU Student's Name: _____ BU ID: U ____ - ____ - ____
First M.I. Last

Email: _____ Phone: _____

Report your calendar year 2018 family expenses and resources as indicated below. Include expense and resource information for yourself and household members reported on your financial aid application.

CALENDAR YEAR EXPENSES

| EXPENSES | ACTUAL 2018 |
|------------------------------|-------------|
| • Rent/ Mortgage | \$ |
| • Food | \$ |
| • Clothing | \$ |
| • Transportation | \$ |
| • Medical/Dental | \$ |
| • Child Care expenses | \$ |
| • Utilities | \$ |
| Itemize Other Expenses below | |
| • | \$ |
| • | \$ |
| • | \$ |
| TOTAL | \$ |

BU Student's Name: _____ BU ID: U _____ - _____ - _____
 First M.I. Last

CALENDAR YEAR RESOURCES

| RESOURCES | ACTUAL 2018 |
|---|-------------|
| • Parent (Step Parent) #1's Wages: (name) _____ | \$ |
| • Parent (Step Parent) #2's Wages: (name) _____ | \$ |
| • Student Wages | \$ |
| • Student Spouse's Wages (if applicable) | |
| • Social Security Benefits | \$ |
| • Child Support Received/Alimony | \$ |
| List Other Taxable Income sources below | |
| • | \$ |
| • | \$ |
| • | \$ |
| List Other Government Assistance sources below | |
| • | \$ |
| • | \$ |
| • | \$ |
| List Other Resources below | |
| • | \$ |
| • | \$ |
| • | \$ |
| TOTAL | \$ |

If total calendar year expenses exceed total calendar year resources, please provide a detailed explanation of how your family was able to pay for living expenses for the year with the resources reported.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Complete and submit this form via **MyBU portal**, or if you are a returning student to:

Boston University Financial Assistance
 881 Commonwealth Avenue, Fifth Floor
 Boston, MA 02215 – Fax: 617-358-2792