

FINANCIAL AID MONTHLY BUDGET WORKSHEET

Parent/Guardian Name(s):	Date:
Student Name(s):	
EXPENSES:	
Please list all expenses related to your family's monthly budget. Provide a monthly average as needed. Please use the Notes Section at the bottom of the page to explain any unusual items.	
What is your monthly cost of housing (underline one: rent/mortgage)?	\$
What is your monthly mortgage cost for all other properties (underline one: vacation/rental/both)?	\$
What is your monthly expense for all property taxes, if not included in mortgage?	\$
Please indicate your monthly expense related to home insurance, if not included in mortgage:	\$
Please indicate your monthly expenses for the following:	
Activities, clubs, camps and lessons:	\$
Cable and/or internet connection:	\$
Clothing:	\$
Dining Out:	\$
Entertainment:	\$
Groceries:	\$
Home Electricity:	\$
Home Gas:	\$
Home Maintenance (lawn, pool, household help):	\$
Miscellaneous (please specify):	\$
Personal care/Beauty:	\$
Pet expense:	\$
Telephone (including local, long distance and all cell phones):	\$
Trash removal, water and sewer:	\$
Vacation:	\$
Please indicate your total monthly automobile payments: (underline one: lease/purchase)	\$
Other auto expenses/gasoline:	\$
Make, model and year of automobile(s):	
Please indicate your monthly expense related to all car insurance payments:	\$
Please indicate your total monthly payments on consumer debt for credit cards, loans, etc.*:	\$
Please indicate your monthly payment for <i>education debt</i> (borrowed by parent):	\$
Please indicate your monthly expenses related to personal insurance for:	\$
Life Insurance:	\$
Medical/Dental: Included in income figure below? Yes or No.	\$
Please indicate monthly out-of-pocket medical/dental expenses (not covered by insurance):	\$
Please indicate monthly contributions to retirement or college funds: Included in income figure below? Yes or No.	\$
Please indicate the monthly amount paid for Greenhill tuition costs:	\$
Please indicate the monthly amount paid for Greenhill Extended Day costs:	\$
Please indicate the monthly amount paid for sibling private school (inc. college) tuition costs:	\$
Please indicate the monthly amount paid for sibling after school care costs:	\$
Please indicate monthly living expense support for other family members not residing with you:	\$
Total Monthly Expenses:	\$ -

FINANCIAL AID MONTHLY BUDGET WORKSHEET

INCOME:

Please list all sources of income used to pay the above expenses. Please use figures after taxes - your take home pay.
If your current income is substantially different than what is listed on your IRS 1040 tax return, please explain in the NOTES space below.

Parent/Guardian Name:	\$	
Parent/Guardian Name:	\$	
Other (please specify):	\$	
Total Monthly Income:	\$	-

MONTHLY NET GAIN/(LOSS):

If your total monthly expenses exceed your total monthly income, please explain how the difference is paid in the NOTES space below.

Monthly Net Gain/(Loss)	\$	-
--------------------------------	-----------	----------

REVOLVING CREDIT/UNSECURED LOANS:

Creditor Name	Total Owed	Monthly Payment
Total	\$ -	\$ -

NOTES REGARDING ABOVE INFORMATION:

Parent/Guardian Name(s):	Date:
Student Name(s):	