

**Carleton College
Household Budget Worksheet**

This worksheet is intended to be a guide for use when determining your financial aid eligibility. You need not use this form and may wish to submit additional information in another format. However, any information submitted must be as accurate as possible and will remain confidential.

Student's Name: _____

Person Completing this Form: _____

Relation to Student: _____ Academic year: _____

PART I: CURRENT INCOME

Report household income you expect for each *month* of the *year*
If there is income that is received quarterly or annually, please calculate a monthly amount.
Please explain any unusual income or payments that may not occur in future years.

TAXABLE INCOME

Wages, salaries, tips, etc.
(report gross earnings) _____
Interest Income _____
Dividends _____
Other Taxable Income _____
(alimony, pensions, rents, social security, unemployment compensation, etc.)
Please explain:

Sub-Total--Taxable Income

UNTAXED INCOME

Earned Income Credit _____
Social Security Benefits _____
AFDC/ADC _____
Child Support _____
Foreign Income Exclusion _____
Workers' Compensation _____
Veterans Benefits _____
Housing, food, and other living allowances _____
Cash or any money paid on your behalf, not reported on
this form _____
Other(explain): _____

Subtotal--Untaxed Income

TOTAL CURRENT INCOME FOR MONTH

TOTAL CURRENT INCOME FOR YEAR

(After Part I, please turn over and complete Part II of this Worksheet.)

Signature Date

Once completed, return this form to: Student Financial Services
Carleton College
One North College Street
Northfield, MN 55057

Carleton College Household Budget Worksheet

Student's Name: _____

Person Completing this Form: _____

Academic year: _____

PART II: CURRENT EXPENSES

Please report current expenses to be paid *each month*. If you have expenses that are paid quarterly or annually, please calculate a monthly amount.

HOUSING Rent/Mortgage _____
Property Taxes _____
Homeowner's/Renter's Insurance _____
Condo fees/HOA dues _____
Gas/Electricity _____
Water/Sewer/Garbage _____
Telephone _____

FOOD Groceries _____
At Work/School _____

INSURANCE Health, Dental, Vision _____
(include payroll deducted amount)
Life/Disability/Liability _____

MEDICAL CARE (not covered by insurance)
Doctor/Dentists/Eyecare _____
Prescriptions/Medication _____

TRANSPORTATION
Car Payments _____
Auto Insurance _____
Gas/Repairs _____
Tolls/Parking _____
Bus/Public Transportation _____

CHILDCARE/EDUCATION
Daycare/Baby Sitting _____
Alimony/Child Support _____
Elementary/Secondary Tuition _____

SAVINGS Cash Savings _____
Stocks/Investments _____
College Fund _____

INCOME TAXES Federal _____
State _____
City _____
Self-Employment _____

(go to next page)

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PERSONAL

Beauty Shop/Barber	
Clothing/Jewelry	
Cosmetics	
Other:	

ENTERTAINMENT

Cable TV	
Movie/Videos	
Dining Out	
Sports/Hobbies/Clubs	
Vacations/Travel	
Books/Magazines	
CDs/Tapes	

MISCELLANEOUS

Postage	
Laundry	
Pet Care	
Union Dues	
Gifts(holidays/birthdays)	
Home Maintenance	
Cell Phone/Pager	
Cigarettes/Alcohol	
Contribution to Church or Charity	
On-line Service/Computer Expenses	
Other	

UNSECURED DEBT (Credit Card/Consumer)

Creditor Name	Total Balance(\$)	Monthly Payment(\$)

TOTAL MONTHLY EXPENSES

Explain any other expenses not covered by this worksheet:

Signature

Date

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