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
### 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)*
## 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)

<table>
<thead>
<tr>
<th>Creditor Name</th>
<th>Total Balance($)</th>
<th>Monthly Payment($)</th>
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## TOTAL MONTHLY EXPENSES

Explain any other expenses not covered by this worksheet:

Signature

Date

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Northfield, MN 55057

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