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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOUSING</strong></td>
<td>Rent/Mortgage</td>
</tr>
<tr>
<td></td>
<td>Property Taxes</td>
</tr>
<tr>
<td></td>
<td>Homeowner's/Renter's Insurance</td>
</tr>
<tr>
<td></td>
<td>Condo fees/HOA dues</td>
</tr>
<tr>
<td></td>
<td>Gas/Electricity</td>
</tr>
<tr>
<td></td>
<td>Water/Sewer/Garbage</td>
</tr>
<tr>
<td></td>
<td>Telephone</td>
</tr>
<tr>
<td><strong>FOOD</strong></td>
<td>Groceries</td>
</tr>
<tr>
<td></td>
<td>At Work/School</td>
</tr>
<tr>
<td><strong>INSURANCE</strong></td>
<td>Health, Dental, Vision</td>
</tr>
<tr>
<td></td>
<td>(include payroll deducted amount)</td>
</tr>
<tr>
<td></td>
<td>Life/Disability/Liability</td>
</tr>
<tr>
<td><strong>MEDICAL CARE</strong></td>
<td>Doctor/Dentists/Eyecare</td>
</tr>
<tr>
<td></td>
<td>Prescriptions/Medication</td>
</tr>
<tr>
<td><strong>TRANSPORTATION</strong></td>
<td>Car Payments</td>
</tr>
<tr>
<td></td>
<td>Auto Insurance</td>
</tr>
<tr>
<td></td>
<td>Gas/Repairs</td>
</tr>
<tr>
<td></td>
<td>Tolls/Parking</td>
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<tr>
<td></td>
<td>Bus/Public Transportation</td>
</tr>
<tr>
<td><strong>CHILDCARE/EDUCATION</strong></td>
<td>Daycare/Baby Sitting</td>
</tr>
<tr>
<td></td>
<td>Alimony/Child Support</td>
</tr>
<tr>
<td></td>
<td>Elementary/Secondary Tuition</td>
</tr>
<tr>
<td><strong>SAVINGS</strong></td>
<td>Cash Savings</td>
</tr>
<tr>
<td></td>
<td>Stocks/Investments</td>
</tr>
<tr>
<td></td>
<td>College Fund</td>
</tr>
<tr>
<td><strong>INCOME TAXES</strong></td>
<td>Federal</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Self-Employment</td>
</tr>
</tbody>
</table>

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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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