

W&M FINANCIAL AID

MONTHLY BUDGET WORKSHEET 2023 - 2024

Name: _____

W&M Student ID #: _____

- The custodial parent should complete this form. Please round figures to the nearest dollar.
- Please submit **monthly** expenses for you, your spouse and any dependents in your household. If you share living expenses with others, indicate only the portion of your expenses.
- If you have an expense that occurs other than monthly, please convert to a monthly average. E.g. if you are charged quarterly for water, divide the quarterly bill by 3 to get the monthly average.

Section 1:			
Monthly Expenses			
List only expenses that you (the custodial parent) pay. Do not leave any lines items blank. Enter "0" if N/A			
• Do you pay rent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Do you pay a mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• If you pay neither rent nor mortgage (answer no to both questions above), please explain your living situation: _____			
	Average Amount Per Month		Average Amount Per Month
Home Mortgage/Rent	\$	Gasoline/Automobile Maintenance/Insurance	\$
Food & Household Supplies	\$	Public Transportation	\$
Utilities: <i>Natural Gas</i>	\$	Car Payment: <i>(make)</i> <i>(year)</i>	\$
Utilities: <i>Electric</i>	\$	Car Payment: <i>(make)</i> <i>(year)</i>	\$
Utilities: <i>Water/Sewer</i>	\$	Car Payment: <i>(make)</i> <i>(year)</i>	\$
Utilities: <i>Cable/Internet</i>	\$	Car Payment: <i>(make)</i> <i>(year)</i>	\$
Utilities: <i>Telephone</i>	\$	Educational Expenses (K-12): <i>(identify)</i>	\$
Medical/Health Expense: <i>(identify)</i>	\$	Recreation: <i>(identify)</i>	\$
Credit Card Payment: <i>(card 1)</i> <i>(balance)</i>	\$	Miscellaneous: <i>(identify)</i>	\$
Credit Card Payment: <i>(card 2)</i> <i>(balance)</i>	\$		\$
Credit Card Payment: <i>(card 3 remaining)</i> <i>(balance)</i>	\$		\$
Clothing	\$	TOTAL MONTHLY LIVING EXPENSES	\$

Section 2:			
Monthly Sources of Income			
	Average Amount Per Month		Average Amount Per Month
Parent 1: Wages/Salary	\$	Income from Capital Gains	\$
Parent 2: Wages/Salary	\$	Savings Withdrawal <i>(do not include retirement savings)</i>	\$
Alimony	\$	Retirement Savings IRA/Pension	\$
Child Support	\$	Personal Loan <i>(attach documentation)</i>	\$
Unemployment Benefits	\$	Credit Card Advance <i>(attach documentation)</i>	\$
Disability Benefits	\$	SSI or VA Benefits	\$
Income from Business	\$	Gifts from Family/Friends <i>(Cash or bills paid)</i>	\$
Income from Rental Property	\$	Miscellaneous: <i>(identify)</i>	\$
Interest/Dividend Income	\$	TOTAL MONTHLY INCOME	\$

DO NOT LEAVE ANY OF THE ABOVE SECTION BLANK. IF A LINE ITEM DOES NOT APPLY TO YOU, WRITE IN A "0."

(CONTINUED ON NEXT PAGE)

Section 3:

Explanation

Please provide any additional information that would help us understand how you meet your living expenses.

If your expenses exceed your income, please clarify how you are covering your expenses.

Section 4:

Certification Statement

I certify that the information I am providing is true, complete and correct to the best of my knowledge.

Student's Signature _____

*Signatures must be handwritten. Computer fonts are not acceptable.

Date: _____

Parent's Signature _____

*Signatures must be handwritten. Computer fonts are not acceptable.

Date: _____

Use one of the following methods to return this form:

Online Upload (preferred): <https://www.wm.edu/financialaid/box>

Fax: 757-221-2515

To protect your data, we do not accept documents via e-mail attachment

Mail: Office of Student Financial Aid
William & Mary
P.O. Box 8795
Williamsburg, VA 23187-8795

Office of Student Financial Aid
William & Mary
Blow Memorial Hall, Room 124
262 Richmond Road
Williamsburg, VA 23185