



***Student's Monthly Expenses  
(for Budget Adjustments)***

Please complete and return to your Financial Aid Advisor. **Include supporting documentation for each item listed. No adjustment can be made without documentation.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Email

\_\_\_\_\_  
Student Telephone Number

Monthly Rent	\$ _____	<b><u>(include lease agreement)</u></b>
Utilities – Gas	\$ _____	
Electric	\$ _____	<b><u>(include utility bills)</u></b>
Water	\$ _____	
Phone	\$ _____	<b><u>(include phone bill)</u></b>
Cable/Internet	\$ _____	<b><u>(include cable/internet bill)</u></b>
Food	\$ _____	<b><u>(estimate 1 month food/supplies)</u></b>
Cell Phone	\$ _____	<b><u>(include cell phone bill)</u></b>
Car Insurance	\$ _____	<b><u>(document only if you pay/include statement)</u></b>
Health Insurance	\$ _____	<b><u>(document only if you pay/include statement)</u></b>
Other	\$ _____	<b><u>(documentation needed)</u></b>
Other	\$ _____	<b><u>(documentation needed)</u></b>

**TOTAL**

\$ \_\_\_\_\_

**(Car payments/credit card payments not eligible)**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if applicable)

\_\_\_\_\_  
Date