

Rays of Hope Financial Aid Budget Form



INCOME	Monthly Payment	Due Date	Total Owed
Your Gross Pay			
Spouse's Gross Pay			
Social Security Income			
Child Support Received			
Alimony Received			
Worker's Compensation			
Unemployment			
Other income			
CHARITY			
Tithe			
Other charitable giving _____			
EXPENSES			
HOUSING			
Rent/Mortgage			
Taxes (if not included in mortgage)			
Homeowner's/Tenant Insurance (if not included in mortgage)			
UTILITIES			
Electric			
Water/Sewage			
Phone			
Cell Phone			
Cable TV			
TRANSPORTATION			
Car Insurance			
Car payment			
Auto repair			
Gasoline/Transportation			
DEBT			
Installment loan with _____			
Installment loan with _____			
Child support paid _____			
Alimony paid _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Student Loan			
Student Loan			
FOOD/DINING OUT/ etc/Entertainment			
Food-Grocery Store			
Dining out			
Cigarettes/beverages			
Newspaper/magazines, etc.			
Entertainment (including babysitting expense)			
MEDICAL/HEALTH			
Doctor			

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Prescriptions			
Dentist			
Eye Care			
Medical Providers Paying Monthly Payments _____			
Medical Providers Paying Monthly Payments _____			
Medical Providers Paying Monthly Payments _____			
Medical Providers Paying Monthly Payments _____			
Life Insurance			
Dry cleaning, laundry			
PERSONAL			
Pet expenses			
Clubs, sports hobbies			
New clothing/shoes			
Barber/hair salon			
School Tuition			
Cosmetics			
CHILDREN			
Allowances			
Tutoring			
College Funds			
Daycare			
SAVINGS			
Gifts-Birthdays, anniversaries-Holidays			
Emergency Savings			
Saving for _____			
OTHER EXPENSES			