



OFFICE OF ADMISSIONS AND FINANCIAL AID

86 Brattle Street ~ Cambridge, Massachusetts 02138 (617) 495-1581

Parent Monthly Cash Flow Statement

Student Name:

Monthly Resources

Gross Salary and Wages		\$ _____
Taxes Paid	\$ _____	
Retirement Contributions	\$ _____	
Other Contributions	\$ _____	
	\$ _____	
	\$ _____	
Total Deductions	\$ _____	
Net Salary and Wages		\$ _____
(Gross Salary and Wages minus Total Deductions)		
Interest / Dividends		\$ _____
Rental Property Income		\$ _____
Business Net Income		\$ _____
Other Income (please explain)		\$ _____
Total Monthly Resources		\$ _____

Monthly Expenses

Rent or Mortgage	\$ _____
Rental Property Expenses	\$ _____
Automobile (loan / gas / repair / insurance)	\$ _____
Utilities (heat / electricity / water / gas / phone)	\$ _____
Food	\$ _____
Transportation	\$ _____
Health Insurance	\$ _____
Medical Expenses	\$ _____
Clothing	\$ _____
Child Care	\$ _____
Personal (cleaning / toiletries / haircuts)	\$ _____
Entertainment	\$ _____
Credit Cards	\$ _____
Other (please explain)	\$ _____
Total Monthly Expenses	\$ _____

TOTAL MONTHLY RESOURCES MINUS TOTAL EXPENSES \$ _____