



Boston University Financial Assistance

2019/2020 FAMILY BUDGET WORKSHEET

BU Student's Name: _____ BU ID: U ____ - ____ - ____
First M.I. Last

Email: _____ Phone: _____

Report your calendar year 2017 family expenses and resources as indicated below. Include expense and resource information for yourself and household members reported on your financial aid application.

CALENDAR YEAR EXPENSES

EXPENSES	ACTUAL 2017
• Rent/ Mortgage	\$
• Food	\$
• Clothing	\$
• Transportation	\$
• Medical/Dental	\$
• Child Care expenses	\$
• Utilities	\$
Itemize Other Expenses below	
•	\$
•	\$
•	\$
TOTAL	\$

BU Student's Name: _____ BU ID: - -

First M.I. Last

CALENDAR YEAR RESOURCES

RESOURCES	ACTUAL 2017
• Parent (Step Parent) #1's Wages: (name) _____	\$
• Parent (Step Parent) #2's Wages: (name) _____	\$
• Student Wages	\$
• Student Spouse's Wages (if applicable)	
• Social Security Benefits	\$
• Child Support Received/Alimony	\$
List Other Taxable Income sources below	
•	\$
•	\$
•	\$
List Other Government Assistance sources below	
•	\$
•	\$
•	\$
List Other Resources below	
•	\$
•	\$
•	\$
TOTAL	\$

If total calendar year expenses exceed total calendar year resources, please provide a detailed explanation of how your family was able to pay for living expenses for the year with the resources reported.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Complete and return to: Boston University Financial Assistance
881 Commonwealth Avenue, 5th floor
Boston, MA 02215

Call: 617-353-2965
Fax: 617-358-2792
Email: finaid@bu.edu