



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

TOTAL	\$ _____
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Student Signature

Date

Parent Signature (if applicable)

Date