

**WESLEYAN UNIVERSITY - FINANCIAL AID OFFICE**

**Cash Flow Worksheet**

Student Name: \_\_\_\_\_ Class \_\_\_\_\_ WES ID: \_\_\_\_\_

Please provide information about your family's monthly income and expenses to assist us in understanding your financial situation. Do not include any payments for Wesleyan expenses.

**Income** (per month)

Wage(s) \_\_\_\_\_

Self-employment income \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Rental Income \_\_\_\_\_

Trust Income \_\_\_\_\_

Pension/retirement \_\_\_\_\_

Capital Gains \_\_\_\_\_

Alimony \_\_\_\_\_

Unemployment compensation \_\_\_\_\_

Child support \_\_\_\_\_

Social Security \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

TANF Benefits \_\_\_\_\_

IRA, Keogh, 401K, etc. deductions \_\_\_\_\_

Other: \_\_\_\_\_ (specify) \_\_\_\_\_

Loans or gifts from family members \_\_\_\_\_

Credit Card and/or cash advances \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

**YOU MUST COMPLETE THE OTHER SIDE**

**Expenses** (per month)

Mortgage/rent (circle which)	_____	
Utilities (phone, electric, oil, cable, etc.)	_____	
Food	_____	
Clothing	_____	
Real Estate Taxes	_____	
Loan Payments (specify Purpose)	_____	_____
	_____	_____
Credit Cards (specify and indicate minimum payment amount)	_____	_____
	_____	_____
Unreimbursed medical/dental expenses	_____	
Insurance Premiums(car, medical, etc.)	_____	
Commuting/transportation	_____	
Child Care	_____	
Alimony payments	_____	
Education (not including Wesleyan)	_____	
Child Support	_____	
Other (specify)	_____	_____
	_____	_____
TOTAL MONTHLY EXPENSES	\$_____	

Please note: If your total expenses are greater than your total income, please explain below how you met those expenses.

Completed by: \_\_\_\_\_ Date : \_\_\_\_\_