

What is Your Budget?

Before you start searching for off-campus housing, you need to evaluate how much you can afford to spend on housing and related expenses. A great first step is filling out a budget worksheet. Keep in mind which items are fixed costs (must have you cannot change) and which costs are discretionary (you can change if and how much to spend on these categories).

INCOME	
One-time	Monthly
<ul style="list-style-type: none"> • Scholarships \$ _____ • Grants \$ _____ • Monetary Gifts \$ _____ • Personal Savings \$ _____ • Loans \$ _____ • Other \$ _____ 	<ul style="list-style-type: none"> • Paycheck \$ _____ • Allowance \$ _____ • (parents/others) \$ _____ • Stipend \$ _____ • Other \$ _____
Subtotal: One-Time Income \$ _____	Subtotal: Monthly Income \$ _____
EXPENSES	
One-Time	Monthly
<p>School-Related:</p> <ul style="list-style-type: none"> • Tuition • Fees • Books & Supplies • Meal Plan (optional) • Univ. Parking Permit • Other <p>Housing Related:</p> <ul style="list-style-type: none"> • Security Deposit \$ _____ • Move-In Fees \$ _____ • Utility Deposits/Installation <ul style="list-style-type: none"> Electric \$ _____ Water/Sewer \$ _____ Gas \$ _____ Cable/Satellite \$ _____ Telephone \$ _____ • Renter's Insurance \$ _____ • Furnishings \$ _____ 	<p>Housing:</p> <ul style="list-style-type: none"> • Rent \$ _____ • Electric/Gas \$ _____ • Telephone \$ _____ • Cable \$ _____ • Water/Sewer/Trash \$ _____ • Yard Maintenance \$ _____ • High Speed Internet \$ _____ • Other \$ _____ <p>Insurance:</p> <ul style="list-style-type: none"> • Health Insurance \$ _____ • Vehicle Insurance \$ _____ <p>Transportation:</p> <ul style="list-style-type: none"> • Gasoline \$ _____ • Vehicle Maintenance \$ _____ • Parking \$ _____ • Public Transportation \$ _____ • Other \$ _____ <p>Household:</p> <ul style="list-style-type: none"> • Food* \$ _____ • Toiletries \$ _____ • Laundry \$ _____ • Other \$ _____ <p>Recreation:</p> <ul style="list-style-type: none"> • Eating Out* \$ _____ • Entertainment* \$ _____ • Trip \$ _____ • Other \$ _____ <p>Clothing:</p> <ul style="list-style-type: none"> • Clothes, Shoes, etc. \$ _____ <p>Financial Commitments:</p> <ul style="list-style-type: none"> • Credit Card Payments \$ _____ • Car Payment \$ _____ • Loan Payment \$ _____ • Membership Dues \$ _____ • Gifts (birthdays, etc.) \$ _____ <p>Savings:</p> <ul style="list-style-type: none"> • Monthly Savings \$ _____
Subtotal: One-Time Expenses	+Subtotal: Monthly Expenses

Total Income:
Total Expenses: