

STUDENT BUDGET

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 how much you spend).

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 \$ _____ Stipend \$ _____ Other \$ _____ 	
		Subtotal: Monthly Income <i>x number of months</i>	\$ _____
Subtotal: One-Time	\$ _____	Subtotal: Monthly	\$ _____
		Total Income: \$ _____	
EXPENSES			
One-Time		Monthly	
School-Related: <ul style="list-style-type: none"> Tuition \$ _____ Fees \$ _____ Books & Supplies \$ _____ Meal Plan (optional) \$ _____ Univ. Parking Permit \$ _____ Housing-Related: <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/Internet \$ _____ Renter's Insurance \$ _____ Furnishings \$ _____ Other: <ul style="list-style-type: none"> _____ \$ _____ _____ \$ _____ _____ \$ _____ 		Housing: <ul style="list-style-type: none"> Rent \$ _____ Electric/Gas \$ _____ Cable/Internet \$ _____ Water/Sewer/Trash \$ _____ Insurance: <ul style="list-style-type: none"> Health Insurance \$ _____ Vehicle Insurance \$ _____ Transportation: <ul style="list-style-type: none"> Gasoline \$ _____ Vehicle Maintenance \$ _____ Parking/Public Transit \$ _____ Household: <ul style="list-style-type: none"> Cell Phone \$ _____ Food/Groceries \$ _____ Toiletries \$ _____ Laundry \$ _____ Recreation: <ul style="list-style-type: none"> Eating Out \$ _____ Entertainment \$ _____ Travel \$ _____ Financial Commitments: <ul style="list-style-type: none"> Credit Card Payments \$ _____ Car Payment \$ _____ Loan Payment \$ _____ Membership Dues \$ _____ Gifts (birthdays, etc.) \$ _____ Savings \$ _____ Other: <ul style="list-style-type: none"> _____ \$ _____ 	
		Subtotal: Monthly Income <i>x number of months</i>	\$ _____
Subtotal: One-Time	\$ _____	Subtotal: Monthly	\$ _____
		Total Expenses: \$ _____	
TOTAL Income – Expenses (Don't forget, expenses can't be more than your income, so cut back on discretionary items as needed to balance your budget.)			\$ _____