CASH FLOW WORKSHEET

STUDENT'S NAME: _____
ID#: _____ **SS #:** _____

Parent/s, please complete the following information so that we can continue our assessment of your family income and assets. Enter N/A for items that do not apply. PLEASE complete every item.

INCOME: **(Amount per month)**

Salary	$_____	
Interest Income	_____	
Dividends	_____	
Rental Income	_____	
Business Income	_____	
Social Security Benefits	_____	
Pension	_____	
Alimony	_____	
Child Support	_____	
Unemployment Benefits	_____	
Disability Benefits	_____	
Workman's Compensation	_____	
Welfare Benefits + TANF	_____	
Other Income (specify)	_____	……Source: _____
Money **received**, or paid on your behalf (bills, etc)	_____	……Source: _____
TOTAL INCOME:	$_____	

FIXED EXPENSES: **(Amount per month)**

Mortgage/rent	$_____	……..Paid by: _____
Real Estate Taxes	_____	
Home Insurance	_____	
Automobile Insurance	_____	
Automobile Loan Payments	_____	
Health Insurance	_____	……..Paid by: _____
Life Insurance	_____	
Utilities	_____	……...(heat, electricity, water, telephone, cable, cell phone)
Credit Card Payments	_____	……...Source: _____
	_____	……...Source: _____
	_____	……...Source: _____
Other Loan Payments	_____	……...Source: _____
	_____	……...Source: _____
TOTAL FIXED EXPENSES	$_____	

FLEXIBLE EXPENSES: **(Amount per month)**

Food	$_____	
Clothing	_____	
Child Care	_____	
Education	_____	
Medical Expenses	_____	……..(include dental expenses)
Investment Savings	_____	
Automobile Expenses	_____	……..(include repairs, gasoline, etc)
Entertainment	_____	
Other (specify)	_____	……..Source: _____
	_____	……..Source: _____
TOTAL FLEXIBLE EXPENSES:	$_____	

TOTAL EXPENSES **$_____** **(Total of Fixed and Flexible)**

_____ _____
Parent Signature / Student (<u>only if Independent</u>) **Date**

Please return to: Merrimack College, Financial Aid Office, 315 Turnpike Street, North Andover, MA 01845