

Office of Financial Assistance
Phone: (508)793-7478 Fax: (508)793-8802
950 Main Street, Worcester, MA 01610
Prospective Students Submit Through Clark Financial Aid Portal
Current Students Submit Through CUWeb

## 2025-2026 Family Budget Sheet

Ott	Ident's Name (Please Print)_			Student ID #	
you and	ur household. Please help	us to understand how yo	ou f	n for Federal Student Aid (FAFSA) seems financially supported your household by ite fice of Financial Assistance in order to cor	emizing your expenses
	T	MONTHLY Expenses	1		YEARLY Income
	Calendar Year	2023		Calendar Year	2023
1	Rent/Mortgage		1	Total income earned from work in 2023	
2	Utilities*		2	TANF Benefits in 2023	
3	Food		3	Social Security Benefits in 2023	
4	Clothing		4	Child Support received in 2023	
5	Medical/Dental Insurance		5	Total Alimony received in 2023	
6	Car Payment		6	Worker's Compensation in 2023	
7	Car Insurance		7	Veteran's Benefits in 2023	
8	Gas / Transportation		8	Gifts received or money paid on your behalf, such as bills, etc. in 2023	
9	Child Care		9	Other (list type)	
10	Other (list type)				
11	Total Monthly Expenses				
	(add #1 -10)		10	Total Yearly Income	
				(add Box #1 - 9)	
12	Total Yearly Expenses				
	(multiply Box #11 x 12 Months)		11	Net Amount	
				(Income Box #10 minus Monthly Expense Box #12)	
am  If tl	ounts for each item.  he figure in <b>Box 11 (Net Ar</b> ur resources. In this case,	mount) above is a negat please explain below ho	tive wy	number, you are reporting that your experous paid expenses that were greater than your expenses for you, please explain.	nses are greater than your resources. If you
I (we), hereby certify that information provided above is correct and complete. (Signature required for student and for all whose information was reported above.)					
Student's Signature:				Date:	
Parent's Signature:				Date:	