

Brandeis University 2019-2020 Household Resources Verification

Student's Name: _____ Student's ID #: _____

Please provide full budget information (both expenses and resources) for the calendar year 2017 for the student, parent(s), and any other people for whom your parent(s) provide more than half of their support (e.g., dependent children).

NOTE: Please write "N/A" for any item below that is not applicable. Resources should be equal to or more than expenses. If not, a full explanation must be provided.

EXPENSES	TOTAL ANNUAL AMOUNT	RESOURCES	TOTAL ANNUAL AMOUNT
Rent / Mortgage	\$	Parent 1 Wages	\$
Food / Clothing	\$	Parent 2 Wages	\$
Household (Utilities, Laundry, etc.)	\$	Interest and/or Dividend Income	\$
Transportation / Car	\$	Net Income/loss Business, Rental, Royalties, estate, trust income	\$
Unreimbursed Medical / Dental	\$	Housing or Food Allowances (military, clergy etc.)	\$
Alimony or Child Support	\$	Social Security	\$
Taxes (Federal, State, Property etc.)	\$	Welfare Benefits	\$
Child Care Expenses	\$	Savings or Debt (please explain)	\$
Educational Loans taken out in parent's name	\$	Alimony or Child Support Income	\$
Other (itemize below): _____ _____ _____	\$	Contributions to tax deferred plans(401K)	\$
TOTAL 2017 EXPENSES	\$	Non Educational Veterans' Benefits	\$
		Unemployment Compensation	\$
		Withdrawals from IRA/Keogh	\$
		Worker's Compensation / Disability	\$
		Contributions from family or others	\$
		Other (itemize below): _____ _____	\$
		TOTAL 2017 RESOURCES	\$

We certify that the information listed above is a complete and accurate budget for calendar year 2017.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____