

**Family Income and Expense Worksheet – 2027**

**You will only need to complete this form if we specifically ask for it.** This form is intended to correlate your family’s annual income sources and expenses. Make sure to list all sources of income for the calendar year, including gifts from relatives, and government benefits. Please also provide documentation of any government assistance you may have received during the year. If your expenses exceeded your income, please provide an explanation as to how you funded your expenses for the year.

**Student Name:** \_\_\_\_\_ **Columbia ID:** \_\_\_\_\_

**Income:** Please list all sources of expected income to be received in 2027.

Wages (box 1 of your W-2 statements): _____	Prior year tax refund: _____
Dividend and Interest income: _____	Government Benefits (SNAP, TANF, etc.): please specify type of assistance and amount received for each: _____ _____
Net business income: _____	
Unemployment compensation: _____	
Social Security Income: _____	Gifts from family or friends: _____ _____
Alimony received: _____	
Pension/IRA distributions: _____	Other income: Please clarify source and amount: _____ _____
Child support received: _____	

**Expenses:** Please list all expected annual expenses for 2027.

**TOTAL Income:** \_\_\_\_\_

Household Expenses	Household Expenses, cont’d	Taxes; Other
Rent/mortgage: _____	Food: _____	Federal Taxes: _____
Education Loan repayment: _____	Transportation: _____	State/Local Taxes: _____
Car payments: _____	Utilities: _____	Real Estate Taxes: _____
Credit Card payments: _____	Telephone: _____	Union Dues: _____
Homeowner’s/Renter’s Insurance: _____	Medical/Dental: _____	Child Support/Alimony paid: _____
Health Insurance: _____	Clothing/Laundry: _____	
Life Insurance: _____	Home maintenance: _____	Out-of-pocket expenses for relatives: please specify: _____ _____
Car Insurance: _____	Charitable contributions: _____	
<b>Sibling elementary/secondary school tuition expenses:</b> _____	Recreation/entertainment: _____	

**TOTAL Expenses:** \_\_\_\_\_

If your expenses exceed your income, please provide clarification on a separate page.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_