



**PROJECTED RESOURCES FOR JULY 1, 2008- JUNE 30, 2009**

Enter "0" if none

- 1) Your wages, salaries, tips, etc. (take-home pay) external to Princeton University 1)\$ \_\_\_\_\_
- 2) Princeton University financial support (i.e., fellowship, prizes, Assistantship-in-Research/Instruction, maintenance allowance, any on-campus job) 2)\$ \_\_\_\_\_
- 3) Grants and scholarships external to Princeton University (include only aid actually awarded) 3)\$ \_\_\_\_\_  
*Source:* \_\_\_\_\_
- 4) Educational loans. 4)\$ \_\_\_\_\_  
*Source:* \_\_\_\_\_
- 5) Spouse's wages, salaries, tips, etc. (take-home pay). 5)\$ \_\_\_\_\_
- 6) Other taxable income (e.g., dividends, interest, etc.). Include spouse's income. 6)\$ \_\_\_\_\_
- 7) Non-taxable income and benefits (e.g., Social Security, veterans' and welfare benefits, child support, etc.). Include spouse. 7)\$ \_\_\_\_\_
- 8) Financial assistance to you and spouse from others. 8)\$ \_\_\_\_\_  
*Source:* \_\_\_\_\_

**ASSETS and DEBTS of Student/Spouse as of \_\_\_/\_\_\_/\_\_\_ ( enter date form completed)**

- 9) Liquid assets (e.g., cash, savings, checking accounts, stocks, C.D.s) 9)\$ \_\_\_\_\_
- 10) Non-liquid assets (e.g., home equity, business) 10)\$ \_\_\_\_\_  
*Source:* \_\_\_\_\_
- 11) Do you own an automobile ?  no  yes If yes, amount owed on automobile. 11)\$ \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_
- 12) Consumer and other debts (do not include Federal loans) 12)\$ \_\_\_\_\_
- 13) Educational Loans (specify)
 

	<u>Perkins</u>	<u>Stafford</u>	<u>Other</u>
Indebtedness: Yourself:	\$ _____	\$ _____	\$ _____
Your Spouse:	\$ _____	\$ _____	\$ _____

**PROJECTED EXPENSES, JULY 2008 - JUNE 2009 (Assume non-University housing expenses)**

- 14) Books and supplies (do not include spouse) 14)\$ \_\_\_\_\_
- 15) Spouse's tuition and fees 15)\$ \_\_\_\_\_  
 Where enrolled \_\_\_\_\_
- 16) Spouse's books and supplies 16)\$ \_\_\_\_\_
- 17) Rent 17)\$ \_\_\_\_\_
- 18) Utilities 18)\$ \_\_\_\_\_
- 19) Food 19)\$ \_\_\_\_\_
- 20) Transportation (fuel, car payments, car insurance and maintenance) 20)\$ \_\_\_\_\_
- 21) Medical and dental expenses not paid by insurance 21)\$ \_\_\_\_\_
- 22) Other living costs (life & health insurance, laundry, clothing, entertainment, misc.) 22)\$ \_\_\_\_\_
- 23) Additional expenses (specify) \_\_\_\_\_ 23)\$ \_\_\_\_\_