

STUDENT BUDGET

Complete this budget based on your study period for the current academic year. I.e.: September – April (8mths)

Study Period: Start Date: _____ End Date: _____
MM YR MM YR

Instructions: FILL OUT BUDGET BASED ON THE STUDY PERIOD INDICATED ABOVE.

INCOME AND RESOURCES

TOTAL OF ALL SAVINGS, INVESTMENTS AT THE BEGINNING OF YOUR STUDY PERIOD BEFORE PAYING FOR ANY EDUCATIONAL COSTS \$ _____

ACADEMIC AWARDS, SCHOLARSHIPS, BURSARIES SPECIFY TYPE OR SOURCE: _____ \$ _____

STUDENT'S NET INCOME FROM PART-TIME WORK DURING STUDY PERIOD
 \$ _____ PER MONTH X _____ MONTHS = \$ _____

SPOUSE'S NET INCOME DURING THE STUDY PERIOD
 \$ _____ PER MONTH X _____ MONTHS = \$ _____

GOVERNMENT BENEFITS (SPECIFY SOURCE, I.E.: EMPLOYMENT INSURANCE, WORKERS' COMP., ONTARIO DISABILITY SUPPORT, CANADA PENSION BENEFITS, ETC.) _____
 \$ _____ PER MONTH X _____ MONTHS = \$ _____

CHILD TAX BENEFIT, G.S.T. \$ _____ PER MONTH X _____ MONTHS = \$ _____

ANY OTHER INCOME OR FINANCIAL ASSISTANCE FOR THE CURRENT STUDY PERIOD; I.E.: ALIMONY, CHILD SUPPORT, PARENTS/RELATIVES, RENTAL INCOME, INCOME TAX REFUND - IF APPLICABLE \$ _____

ASSETS YOU PLAN TO LIQUIDATE OR HAVE LIQUIDATED (SPECIFY SOURCE) _____ \$ _____

GOVERNMENT STUDENT LOANS (OSAP), PRIVATE STUDENT LOANS OR LINE OF CREDIT SPECIFY SOURCE: _____ \$ _____

TOTAL INCOME AND RESOURCES \$ _____

EXPENSES

TUITION AND COMPULSORY FEES FOR YOUR STUDY PERIOD \$ _____

BOOKS AND SUPPLIES \$ _____

RENT \$ _____ PER MONTH X _____ MONTHS = \$ _____

FOOD, HOUSEHOLD AND PERSONAL \$ _____ PER MONTH X _____ MONTHS = \$ _____

UTILITIES (NATURAL GAS, ELECTRICITY, WATER) \$ _____ PER MONTH X _____ MONTHS = \$ _____

TELEPHONE, CABLE, INTERNET \$ _____ PER MONTH X _____ MONTHS = \$ _____

LOCAL TRAVEL (GAS, BUS PASS) \$ _____ PER MONTH X _____ MONTHS = \$ _____

CLOTHING \$ _____ PER MONTH X _____ MONTHS = \$ _____

COST OF RETURN TRIP TO PARENTS HOME FOR DEPENDENT STUDENTS ONLY \$ _____ PER MONTH X _____ MONTHS = \$ _____

CHILD CARE COSTS **YOU HAVE TO PAY** FOR CHILDREN 11 YEARS OF AGE OR YOUNGER, IN YOUR CUSTODY \$ _____ PER MONTH X _____ MONTHS = \$ _____

OTHER EXPENSE \$ _____ PER MONTH X _____ MONTHS = \$ _____
 SPECIFY: _____

TOTAL EXPENSES \$ _____

FINANCIAL NEED

TOTAL INCOME MINUS TOTAL EXPENSES \$ _____

STUDENT'S DECLARATION

I HAVE GIVEN COMPLETE AND TRUE INFORMATION AND I UNDERSTAND THAT FAILURE TO DO SO MAY PREVENT MY GETTING ASSISTANCE NOW OR IN THE FUTURE. I UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO UPDATE MY CURRENT OSAP FILE, WHICH MAY RESULT IN A CHANGE TO MY OSAP AWARD.

SIGNATURE _____ DATE _____