



LEHIGH UNIVERSITY®

2014 – 2015 Cash Flow Worksheet

To the Parent(s) of:

Student Name

Street Address

City, State, Zip

Dear Student,

The purpose of the following worksheet is to obtain an accurate portrayal of your family's ability to meet their expenses based on the current income being reported. Please complete the worksheet to give us more detail regarding your family's monthly expenses, which will allow for a more accurate review of your financial aid eligibility. Please return the information to our office as soon as possible so that we can continue with our review of the student's Financial Aid eligibility. Thank you for your anticipated cooperation.

Sincerely,

Office of Financial Aid

218 W. Packer Avenue

Bethlehem, PA 18015

www.lehigh.edu/financialaid



LEHIGH UNIVERSITY®

2014-2015 Cash Flow Worksheet

Student Name: _____ LIN: _____

Please provide the information below based on the **PARENT** household. **For the 2013 calendar year**, if you, the student, are independent as approved by our office, please check here ☐, and complete the form with your information only.

FIXED EXPENSES:	Monthly Amount:	Annual Amount:	
Mortgage/Rent (circle one):	\$ _____	\$ _____	
Homeowners' Insurance:	\$ _____	\$ _____	
Utilities:	\$ _____	\$ _____	
Real Estate/School Taxes:	\$ _____	\$ _____	
Insurance Premium (Life):	\$ _____	\$ _____	
Insurance Premium (Health):	\$ _____	\$ _____	
Insurance Premium (Auto):	\$ _____	\$ _____	
Loan Payments (specify amount and type):	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Car Payments (specify year/make/model):	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Credit Card Payments (Specify minimum monthly payments, outstanding balances and provide definition of purchases):	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
TOTAL FIXED EXPENSES:	\$ _____	\$ _____	

FLEXIBLE EXPENSES:	Monthly Amount:	Annual Amount:	
Food:	\$ _____	\$ _____	
Clothing:	\$ _____	\$ _____	
Commuting/Transportation:	\$ _____	\$ _____	
Child Care:	\$ _____	\$ _____	
Education (other than applicant):	\$ _____	\$ _____	
Investment Savings:	\$ _____	\$ _____	
Other (Specify):	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
TOTAL FLEXIBLE EXPENSES:	\$ _____	\$ _____	
 TOTAL EXPENSES:	 \$ _____	 \$ _____	
Please indicate amount and types of any sources of income that was not previously reported that assist in meeting expenses (ie: Gifts or Loans from Family/Friends)			
	\$ _____	_____	
	\$ _____	_____	
TOTAL ADDITIONAL INCOME:	\$ _____		

Please provide additional items or comments in the space below or, if necessary, on a separate document.

Parent's Signature _____ Date _____

Student's Signature (If Independent) _____ Date _____

Information provided to the Office of Financial Aid on this worksheet is for Financial Aid review purposes and may not necessitate a change to the total amount of Financial Aid a student receives.