



PacBay Monthly Budget Worksheet – 2024 Tax Year

Confidential – For Tuition Assistance Use Only

Please complete both pages of this application, which analyzes your **2024** financial picture. Please feel free to attach additional pages if there is information the Tuition Assistance Committee should know in order to better understand your family’s financial situation.

Date: _____

Family Information: Separated or divorced households should fill out this form separately. If you are in a separated or divorced household, is yours the primary household in which the student resides? _____ (Yes or No)

Student’s Name: _____ Grade in 2024-2025: _____

Address: _____

Marital Status of Parents: _____ Student Lives With: _____

Parent 1 Name: _____ Relation to Student: _____

(Mother, Father, Stepmother, Stepfather, or Legal Guardian)

Address: _____

Place of Employment: _____

Parent 2 Name: _____ Relation to Student: _____

(Mother, Father, Stepmother, Stepfather, or Legal Guardian)

Address: _____

Place of Employment: _____

Number of children, including the applicant, living at home: _____

Number of children attending independent school in 2024-2025: _____

Please list child, school, grade level in 2024-2025 and cost of school for each child:

Name: _____ School: _____ Grade: _____ Cost: \$ _____ /yr.

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Name: _____ School: _____ Grade: _____ Cost: \$ _____ /yr.

Financial Information for 2024:

Net income of Parent 1: _____ Net income of Parent 2: _____

Total value of parents’ interest-bearing savings and checking accounts: _____

Dividend and interest income: _____ Other taxable/nontaxable income: _____

Alimony/child support received: _____ Social Security benefits: _____

Student’s own assets: _____

I/we acknowledge that all information provided in this supplemental form is true, to the best of our knowledge.

Parent 1 Signature _____

Date _____

Parent 2 Signature _____

Date _____

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Please complete this worksheet noting amounts earned/spent on a **MONTHLY** basis for **2024**. For any annual, quarterly or intermittent income/expense such as insurance premiums, please calculate a monthly amount. Add any comments or explanations as necessary on another sheet.

MONTHLY INCOME

Net Salaries (after taxes) _____
 Net Business Income _____
 (for self-employed) _____
 Interest/Dividends _____
 Property Rentals _____
 Other Income _____
Total Monthly Income _____

MONTHLY EXPENSES

Home (if annual expense, divide by 12)

Rent/Mortgage _____
 Property Taxes _____
 Homeowner Insurance _____
 Fire Insurance _____
 2nd Mortgage _____
 Other _____

Utilities

Electricity _____
 Water _____
 Gas _____
 Cable TV / Streaming Subscriptions _____
 Home phone / Internet _____
 Cellular phone(s) _____
 Security _____
 Other _____

Car

Loan / Lease _____
 Gasoline _____
 Insurance (calculate per month) _____
 Service (calculate per month) _____
 Repair (calculate per month) _____

Medical / Dental

Doctors / Hospitals _____
 Medication _____
 Insurance _____
 Other _____

Education

School Tuition _____
 Summer Camps _____
 Child Care _____
 Extracurricular Classes / Activities _____

Credit Card Payments

Card: _____
 Card: _____
 Card: _____

Employment

Parking _____
 Other _____

Household

Housekeeper / Nanny _____
 Furniture _____
 Supplies _____
 Gardening _____
 Maintenance / Repairs per month _____
 Other _____

Food

Leisure

Entertainment _____
 Vacations _____

Miscellaneous

Donations (average per month) _____
 Retirement _____
 Savings _____
 Life Insurance _____
 Child Support / Alimony _____
 Gifts (Holiday & Other) _____
 Debts - Other _____

Total Monthly Expenses

Please indicate what you feel your family can afford to pay **per month** for PacBay during the **2024-2025** school year. All families are expected to contribute financially to the education of their child.

Parents: _____
 Other family: _____
 Friends: _____
 Loans: _____

Total per month: \$ _____

Additional Notes: _____

