



LANDON

MONTHLY CASH FLOW REPORT

FAMILY NAME _____

Date _____ / _____ / _____
Month Day Year

Names of all children _____

INCOME

Itemize all income, including bonuses, dividends, interest, rent, etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

CONSUMER DEBT

PFS Item 22C - Consumer Debts (Credit Cards)

Total \$ _____

Type of Card	Balance Owed	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: PLEASE COPY AND COMPLETE THIS FORM, THEN SUBMIT TO THE FINANCIAL AID OFFICE.

MONTHLY CASH FLOW REPORT *continued*



FAMILY NAME _____

Date _____ / _____ / _____
Month Day Year

EXPENSES			
Federal Taxes	_____	Clothing	_____
State/Local Taxes	_____	Child Care	_____
Social Security	_____	Education	_____
Retirement Funds	_____	Savings	_____
Mortgage (P.I.)	_____	Investments	_____
Rent	_____	Fees/Dues	_____
Real Estate Taxes	_____	Books/Papers	_____
Loan/Debt Payment <i>(Exclude Credit Card Payments)</i>	_____	Home Maintenance/ Improvements	_____
Utilities	_____	Home Furnishings	_____
Home Insurance	_____	Contributions	_____
Auto Insurance	_____	Gifts	_____
Life Insurance	_____	Personal Care	_____
Disability Insurance	_____	Camps/Recreation	_____
Auto Operation	_____	Entertainment	_____
Job Related Expenses	_____	Vacations	_____
Child/Parent Support	_____	Allowance(s)	_____
Food	_____	Other <i>(Explain)</i>	_____
Meals Away from Home	_____	TOTAL	\$ _____
Health <i>(Including Insurance)</i>	_____		

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