



## Family Income & Expense Worksheet

| Please List Assets & Liabilities   |  | Please List Your Total Monthly <i>Net</i> Income |  |
|--|--|--|--|
| Current Home/Property Value  |  | Net Wages (salaries, tips)                       |  |
| Savings/Securities/Retirement/Life Insurance   |  | Alimony, Child Support                           |  |
| Child(s) Assets/College Savings  |  | Investment Income (interest, dividends, etc.)    |  |
| Trust Funds  |  | Social Security/Disability/Food Stamps           |  |
| Other Assets (vehicles, art, collectibles)   |  | Regular Gifts or Other Financial Support         |  |
| Current Home Value   |  | Rental Income                                    |  |
| Vehicle Loan Balance   |  | Unemployment                                     |  |
| Credit Card Debt   |  | Other Income (tax refund, etc.)                  |  |
| Total  |  | Total  |  |
| <b>Please List Your Expenses (convert annual or periodic expenses to <i>monthly</i>)</b> |  |  |  |
| Mortgage/Rent  |  |  |  |
| Property Taxes   |  |  |  |
| Loan/Credit Card Payments  |  |  |  |
| Alimony/Child Support  |  |  |  |
| Tuition Paid to Other Schools  |  |  |  |
| Extra Curricular Activities (dance, sports, etc.)  |  |  |  |
| Child Care   |  |  |  |
| Tutoring   |  |  |  |
| Groceries/Household Supplies   |  |  |  |
| Utilities (gas, electric, water, phone, cable, etc.)                                     |  |  |  |
| Home Maintenance/Improvements  |  |  |  |
| Auto Expenses (car pmt, insurance, gas, etc.)  |  |  |  |
| Clothing   |  |  |  |
| Savings/Retirement Contributions   |  |  |  |
| Life/Medical Insurance Premiums  |  |  |  |
| Health/Medical Bills   |  |  |  |
| Travel Expenses/Vacations  |  |  |  |
| Fees/Dues/Memberships  |  |  |  |
| Other Expenses   |  |  |  |
| Total  |  |  |  |

**This Section Must Be Completed**

- a.) Suggested school tuition
- b.) Tuition amount you propose to pay
- c.) Specify # of monthly payments
- d.) Amount of monthly payment

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The aforementioned information is accurate and true of my/our current financial circumstances. A representative of Swallowtail School has my permission to review and discuss my circumstances in confidence as noted above in consideration of the appeal process. I also agree to confidentiality regarding my proposed tuition amount.

Parent/Legal Guardian Signature \_\_\_\_\_ Date  
\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date  
\_\_\_\_\_

Swallowtail School does not discriminate on the basis of nationality or ethnic origin, economic status, religion, or gender in its admission process or in the conduct of its educational programs.

*For Office Use Only:*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_