



Harvard Medical School Financial Aid Office Monthly Cash Flow Statement

This additional information helps us to better understand your family's overall financial situation. Please complete this form and return it to the Financial Aid Office.

Monthly Resources

Net Salary and wages \$ _____

Interest /dividend income \$ _____

Rental property income \$ _____

Business net income \$ _____

Other income (explain) \$ _____

Total Monthly Resources \$ _____

Monthly Expenses

Rent or mortgage \$ _____

Rental property expenses \$ _____

Automobile (loan/gas/repair/insurance) \$ _____

Utilities (heat/elec/water/gas/phone) \$ _____

Food \$ _____

Transportation \$ _____

Health insurance \$ _____

Medical Expenses \$ _____

Clothing \$ _____

Child care \$ _____

Personal (cleaning/toiletries/haircuts) \$ _____

Entertainment \$ _____

Credit cards \$ _____

Other (explain) \$ _____

Total Monthly Expenses \$ _____

Total Monthly Resources minus Total Expenses \$ _____

Student Name _____

Harvard ID# (if applicable) _____

Date _____