

Cash Flow Statement 2025-2026

Name of Student (Last, First, MI)

Year of Graduation

Holy Cross ID Number

Please complete this form in its entirety, using **monthly** figures for each applicable field. For fields noted with an asterisk (*), please complete the field on Page Two providing more detail. Also, feel free to use the detail field to elaborate on any question or provide information you feel would be helpful to the Financial Aid Office in reviewing this form along with the rest of the file.

Monthly Resources for 2023

After-Tax Salary/Wages	
Retirement Contributions	
Pension Distribution/Social Security	
Interest/Dividend Income	
Rental Property Income	
Business Net Income	
Other Taxed or Untaxed Income*	
Total Monthly Resources	

Monthly Expenses for 2023

Housing	Mortgage/Rent	
	Utilities (e.g. heat, electric, water, gas, phone)	
	Property Tax	
	Maintenance	
Food	Groceries	
	Dining Out	
Transportation	Fuel and Maintenance	
	Other (e.g. tolls, parking, bus)	
Childcare/Education	Childcare/baby-sitters	
	Education Expenses	
Clothing/Personal	Purchases	
	Toiletries/Haircuts	
Insurance Premiums	Medical/Dental Insurance	
	Auto Insurance	
	Homeowners Insurance	
	Life Insurance	
	Disability Insurance	
	Other Insurance Premiums	

Consumer Debt	Auto Payments	
	Credit Card Payments	
	Other Debt Payments	
Miscellaneous	Entertainment, Vacations, Travel	
	Rental Property Expenses	
	Other*	
	Total Monthly Expenses	

Total Monthly Resources minus **Total Monthly Expenses** =

Please use this field to elaborate on any circumstances above. Limit your response to 2000 characters. If more space is needed, please attach separate documentation.

I (we) hereby swear or affirm that the information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature

Date

Parent Signature

Date