



MONTHLY RESOURCE / EXPENDITURE STATEMENT

OFFICE OF STUDENT FINANCIAL ASSISTANCE 2017 – 2018

INDEPENDENT STUDENT

Student Name: _____

I.D. #: _____

Instructions

You must complete sections I, II, III, IV of this form as well as the certification. Return the completed form to the Office of Student Financial Assistance at The College of New Jersey within the next 15 days

Section I

2015 Monthly Paid Expenditures

State the actual (\$) amount paid in 2015 to each expense item.

Monthly expenditures

Paid amount per month

1. Home mortgage/ Rental payments	(\$) _____
2. Real estate taxes	(\$) _____
3. Utilities (phone, gas, electric, water, heating, etc.)	(\$) _____
4. Food and household supplies	(\$) _____
5. Automobile payments	(\$) _____
6. Automobile insurance, gas, etc. and/or transportation	(\$) _____
7. Life and health insurance	(\$) _____
8. Medical expenses not covered by insurance	(\$) _____
9. Child care/ Day care	(\$) _____
10. Clothing	(\$) _____
11. Credit cards	(\$) _____
12. Miscellaneous	(\$) _____
Total monthly expenses	\$ _____

Return completed form to:

The College of New Jersey
Office of Student Financial Assistance
PO Box 7718
Ewing, NJ 08628-0718
Fax #: (609) 637-5154

(OVER)

