

# MONTHLY RESOURCE / EXPENDITURE STATEMENT

### OFFICE OF STUDENT FINANCIAL ASSISTANCE 2018 – 2019

# **DEPENDENT STUDENT**

the

(OVER)

Student Name: I	.D.#:
Your parents must complete sections I, II, III, IV of this form as we completed form to the Office of Student Financial The College of New Jersey within the next  Section I	Assistance at
2016 Monthly Paid Expenditures	
State the monthly amount paid in 2016 to each expense item. So	
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	(\$)
12. Wiscenaneous	

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

#### **Section II**

#### 2016 Monthly Resources

Please list all the resources and the dollar amounts that are used to meet the expenses listed on the front side. Be sure to include all resources such as wages, TANF, child support, unemployment benefits, social security benefits, SSI, cash support received, etc. For the listed resources, provide documentation confirming the resource and the dollar (\$) amount. (Examples of acceptable documentation are 2016 IRS Tax Return Transcripts, W-2 Forms, and 1099 Forms).

Resources	Docume	entation	Amount per month	
1		(\$	)	
			)	
			)	
			)	
	MONTHLY RESOURCE			
	Sec	tion III		
Are	any of your expenses on the fro	ont of the form paid by a	nother person?	
	Y	es No		
	If yes, complete the	he information below.		
Expense paid	By whom (name)	Relationship	Amount per month	
	TOTAL PAID BY OTHER	SOURCES	\$	
	Sec	tion IV		
	AS	SSETS		
Please restate your assets as applicable. Do not leave bla	of the date the FAFSA was coank.)	mpleted in the spaces pro	ovided. (Enter amount or ze	
1. Cash, savings and checking accounts		\$		
2. Other real estate and investments (current net worth)		\$		
3. Business and/or investment farm (current net worth)		\$	\$	
	Cart	ification		
I (We) certify that the inforr knowledge.	mation in Sections I, II, III, and		complete to the best of my (	
Student's signature:		Da	nte:	
Mother's/Stepmother's signature:			nte:	
Father's/Stepfather's signatu			ate:	

Revised 1/2018