



MONTHLY RESOURCE / EXPENDITURE STATEMENT

OFFICE OF STUDENT FINANCIAL ASSISTANCE 2019 – 2020

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

2017 Monthly Paid Expenditures

State the monthly amount paid in 2017 to each expense item. Some may need to be averaged.

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)

Section II

2017 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 2017 IRS Tax Return Transcripts, W-2 Forms, and 1099 Forms).

Resources	Documentation	Amount per month
1. _____	_____	(\$) _____
2. _____	_____	(\$) _____
3. _____	_____	(\$) _____
4. _____	_____	(\$) _____
TOTAL MONTHLY RESOURCES		\$ _____

Section III

Are any of your expenses on the front of the form paid by another person?

___ Yes ___ No

If yes, complete the information below.

Expense paid	By whom (name)	Relationship	Amount per month

TOTAL PAID BY OTHER SOURCES **\$** _____

Section IV

ASSETS

Please restate your assets as of the date the FAFSA was completed in the spaces provided. (Enter amount or zero where applicable. Do not leave blank.)

- 1. Cash, savings and checking accounts \$ _____
- 2. Other real estate and investments (current net worth) \$ _____
- 3. Business and/or investment farm (current net worth) \$ _____

Certification

I (We) certify that the information in Sections I, II, III, and IV above is correct and complete to the best of my (our) knowledge.

Student's signature: _____ Date: _____

Spouse's signature: _____ Date: _____