



# MONTHLY RESOURCE / EXPENDITURE STATEMENT

OFFICE OF STUDENT FINANCIAL ASSISTANCE 2020 – 2021

## DEPENDENT STUDENT

Student Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

### Instructions

**Your parents** 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

#### 2018 Monthly Paid Expenditures

State the monthly amount paid in 2018 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	(\$) _____
<b>Total monthly expenses</b>	<b>\$ _____</b>

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

### 2018 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 2018 IRS Tax Return Transcripts, W-2 Forms, and 1099 Forms).

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

## 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: _____
Mother's/Stepmother's signature: _____	Date: _____
Father's/Stepfather's signature: _____	Date: _____