



FINANCIAL AID OFFICE – ROOM L123
2010-2011

MONTHLY RESOURCE AND EXPENDITURE STATEMENT

Student Name: _____ ID# _____

INSTRUCTIONS: *If dependent the questions relate to your parent[s]*

- You must complete SECTIONS I, II, III, IV, and V.
- Return the completed form to the Financial Aid Office within two [2] weeks.
- Please be as accurate as possible when listing expenses since these amounts will be used in determining potential eligibility.
- Only list personal expenses [no business expenses please].
- Report the **ACTUAL** monthly dollar amount ***paid in 2009*** for each expense. If the expenses vary in amount from month to month, provide the monthly average.
- If someone else [relative, friend, social service agency, etc.,] paid the expense on your behalf, indicate “0” **and** explain the resource **in** SECTION III.
- If you have supporting documentation that verify the amount[s] given on this form please attach.

→ **SECTION I: 2009 MONTHLY PAID EXPENSES**
[PLEASE LIST ALL EXPENSES YOU OR YOUR PARENT’S HAD IN 2009]

MONTHLY EXPENDITURES

MONTHLY AMOUNT PAID

- | | |
|---|----------|
| 1. Home mortgage/rental payments | \$ _____ |
| 2. Property Taxes [if applicable] | \$ _____ |
| 3. Utilities [phone, gas, electric, water, heating, etc.] | \$ _____ |
| 4. Food and household supplies | \$ _____ |
| 5. Transportation Expenses | |
| a. Automobile expenses [monthly payment[s], gas, insurance, maintenance, and/or | \$ _____ |
| b. Monthly train, bus passes or other transportation expenses. | \$ _____ |
| 6. Health Insurance | \$ _____ |
| 7. Child Care | \$ _____ |
| 8. OTHER: _____ | \$ _____ |

[Please list other expenses if applicable]

TOTAL MONTHLY EXPENSES \$ _____

[IF YOU LISTED \$0 FOR EXPENSES, PLEASE ATTACH A WRITTEN EXPLANATION TO THIS FORM]

→ **SECTION II: 2009 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 wages, AFDC, TANF, child support, unemployment benefits, SSI, cash support received, etc.

RESOURCES

AMOUNT PER MONTH

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

TOTAL MONTHLY RESOURCES

\$ _____

(If monthly income does not meet monthly expenses as listed below, please explain on a separate sheet of paper)

→ **SECTION III:** Are any of your expenses in Section #I paid by another person?

_____ YES _____ NO

If yes, complete the information below:

Expenses Paid	By Whom (name)	Relationship to You	Amount per Month
			\$ _____
			\$ _____
			\$ _____

TOTAL PAID BY OTHER

\$ _____

→ **SECTION IV:** Please restate your assets in the spaces provided [enter amount or zero where applicable. Do not leave blank.]

Student (and spouse)

Parent[s]

- 1. Cash, savings and checking accounts: \$ _____ \$ _____
- 2. Other real estate and investments: \$ _____ \$ _____
- 3. Business \$ _____ \$ _____

→ **CERTIFICATION – SECTION V:** 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. I also understand the Financial Aid Office may request additional documentation to support my {our} statement/s.

Student's Signature: _____ Date: _____

Parent[s] Signature [if dependent] _____ Date: _____