Independent Student
MONTHLY EXPENSE AND RESOURCE STATEMENT

Student's Name: _____ **Cust. ID#:** _____

Last   First

INSTRUCTIONS

- You must complete **_all sections_** of this form. You are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- Report the **_actual_** monthly dollar ($) amount **_paid in 2015_** for each expense. If the expenses vary in amount from month to month, provide the 2015 monthly average.

IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS BELOW OR YOU PROVIDE INCOMPLETE RESPONSES IN ANY OF THE FIELDS OR SECTIONS BELOW, THIS FORM WILL NOT BE PROCESSED.

SECTION I
2015 MONTHLY PAID EXPENSES

Expenses	Amount Paid By You	Amounts Paid on Your Behalf	If paid on your behalf, by whom (List name & relationship)
Rent/Home Mortgage and Property Taxes	$	$	
Utilities (phone, gas, electric, water, etc.)	$	$	
Food and Household Supplies	$	$	
Car Payments/Gas/Insurance	$	$	
Public Transportation	$	$	
Health Insurance	$	$	
Child Care/Clothing	$	$	
Other	$	$	
Total Monthly Expenses	$	$	

SECTION II
2015 MONTHLY RESOURCES

Include all your resources (used to meet the expenses listed above in Section I) such as; wages (W-2 forms), unemployment (Form 1099-G), disability, Social Security benefits (Form SSA-1099), Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Rental Assistance (Section 8, TRA), child support, etc.

Resources	Amount Received Per Month
1)	$
2)	$
3)	$
4)	$

IF YOU OR YOUR SPOUSE RECEIVE ANY OF THE FEDERAL/STATE BENEFITS LISTED ABOVE AND DOCUMENTATION IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

Student's Signature: _____ Date: _____

Spouse's Signature:: _____ Date: _____

PRINT AND SIGN

To submit this form, visit www.njgrants.org then click on 'Electronic Document Collection'.