



INDEPENDENT STUDENT MONTHLY RESOURCE AND EXPENDITURE STATEMENT

Student's Name: _____ Social Security #: _____
Last First

INSTRUCTIONS

- Please complete SECTIONS I, II, III, IV and V of this form.
- Return the completed form to the address at the top of this form within the next 15 days.
- Please be as accurate as possible when listing expenditures, since these amounts will be used in determining potential grant 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.
- Only ***one form per household*** will be accepted.

SECTION I

2009 MONTHLY PAID EXPENDITURES

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

\$ _____

(over)

SECTION II

2009 MONTHLY RESOURCES

List the financial resources and the monthly dollar (\$) amount that were used to meet the expenses listed on the front side. Be sure to include all resources such as wages, unemployment, disability, social security, pensions, SSI, credit card advances, personal loans, drawing account from business, savings, etc. Please provide documentation confirming listed resources. (Examples of acceptable documentation are promissory notes, refinancing documents, savings account withdrawal statements, 1099 forms, etc.).

<u>Resources</u>	<u>Amount Per Month</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL MONTHLY RESOURCES	\$ _____

SECTION III

- Are any of your expenses paid by another person(s) or business? Yes No
If yes, complete the information below.

Expense Paid	By Whom (name)	Relationship	Amount Per Month

Total Paid by Other \$ _____

SECTION IV - ASSETS

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

1. Cash, savings and checking amounts (31B) \$ _____
2. Other real estate and investments (32B) \$ _____
3. Business (33B) \$ _____

SECTION V - CERTIFICATION

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

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Should you have any questions, please call 1-800-792-8670 between 9:00 a.m. and 4:00 p.m., Monday - Friday.