



2026-2027 Independent Student Monthly Expense and Resource Statement

Please upload the completed and signed form, along with supporting documentation via NJFAMS:

To Log into NJFAMS visit: <https://njfams.hesaa.org/NJFAMS/login.aspx?ReturnUrl=/NJFAMS/int/FinAid/index.aspx>

Go to your "To Do List" and select "Upload Document" For Upload instructions visit: <https://www.hesaa.org/Pages/uploaddocuments.aspx>

Student's Name: _____ **NJHESAA ID#:** _____
 Last First

INSTRUCTIONS

- You are required to complete this form because low/no income was reported on your FAFSA.
- You must complete **all sections** of this form and upload all required documentation to HESAA
- Report the **actual** monthly dollar (\$) amount **paid in 2024** for each expense. If the expenses vary in amount from month to month, provide the 2024 monthly average.
- Additional information may be required if documents received are insufficient and/or incomplete.

THIS FORM WILL BE CONSIDERED INCOMPLETE, IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS AND/OR IF YOU DO NOT ATTACH APPLICABLE DOCUMENTATION FROM THE RESOURCES IN SECTION II.

SECTION I

Student's/Spouse's Monthly Expenses

For any category in which you had no expense please record "0".

2024 Expenses	Monthly Amount Paid
***Rent/Home Mortgage and Property Taxes	\$
Utilities (gas, electric, water, etc.)	\$
Telephone/Cell Phone	\$
Food and Household supplies	\$
Car Payments/Gas/Insurance	\$
Public Transportation (bus, train, etc.)	\$
Child Care/Child Support Paid	\$
Other: (Please Explain)	\$
Total Monthly Expenses	\$
	x 12
Total Yearly Expenses	\$

***If Rent/Home Mortgage and Property Taxes are zero. Please explain:

SECTION II

Student's/Spouse's Monthly Resources - DOCUMENTATION MUST BE SUBMITTED

For any category in which you had no income, benefits or resources please record "0".

2024 Income	(Applicable documentation not submitted, will be marked incomplete)	Monthly Amount Received
*Income from Work (gross amount) – Upload all pages of 2024 IRS Tax Return Transcript *If No tax return was filed Upload 2024 IRS proof of Non-Filing and 2024 IRS Wage and Income Transcript		\$
Investment Income – If you or your spouse own rental property Upload 2024 Schedule E along with Mortgage Balance and Tax Assessments as of 12/31/2025 for all rental properties listed on Schedule E.		\$
*Business Income – Upload all pages of 2024 IRS Business Tax Returns...1065,1120,1120-S and K-1's, along with 2024 Schedule E.		\$
<i>*If Business owns rental property Upload IRS Form 8825, Mortgage Balance and Tax Assessments as of 12/31/2025 for all rental properties listed on IRS Form 8825.</i>		
2024 Other Resources		
Unemployment Compensation (Upload Form 1099-G for 2024)		\$
Social Security Benefits (Upload Form SSA-1099 for all household members for 2024)		\$
Workers Compensation (Upload Agency statement of total amounts received in 2024)		\$
Disability Benefits (Upload Agency statement of total amounts received in 2024)		\$
Alimony (Upload Agency statement showing total amounts received for end of year 2024)		\$
College Refunds (Upload documentation of total amounts received during Calendar year 2024)		\$
Savings (Upload 3 consecutive monthly statements from your savings accounts used to cover 2024 expenses)		\$
2024 Child Support		
Child Support (Upload statements from the Agency or Division showing total amounts received for all dependents in the household for end of year 2024)		\$
Total Monthly Income/Resources		\$
		x 12
Total Yearly Income/Resources		\$

2024 Federal Benefit Received - Answer the following questions below about the years 2024 or 2025.

Do or did you (or your spouse) receive Medicaid? (If yes, Upload Form 1095-B or Agency Letter)	Yes	No
Do or did you (or your spouse) receive Supplemental Security Income? (If yes, Upload the SSI Benefit Statement)	Yes	No
Do or did you (or your spouse) receive Federal Housing Assistance? (If yes, Upload the Housing Choice Voucher)	Yes	No
Do or did you (or your spouse) receive Food Stamps (SNAP)? (If yes, Upload the Agency Letter)	Yes	No
Do or did you (or your spouse) receive TANF? (If yes, Upload the Agency Letter)	Yes	No
Do or did you (or your spouse) receive GA/Work First NJ benefits? (If yes, Upload the Agency Letter)	Yes	No
Do or did you (or your spouse) receive WIC? (If yes, Upload the Agency Benefit Letter)	Yes	No

Explanation of Situation (Required)

Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year **2024**. An explanation is also required if *Few* or *No* expenses were listed in *Section 1*.

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

This form must be signed by the student.

Student's Signature (required): _____ Date: _____

Spouse's Signature (optional): _____ Date: _____