



## Independent Student MONTHLY EXPENSE AND RESOURCE STATEMENT

Student's Name: \_\_\_\_\_ NJHESAA 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 2016*** for each expense. If the expenses vary in amount from month to month, provide the 2016 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

#### Expenses

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

2016 Student Expenses	Monthly Expenses
***Rent/Home Mortgage and Property Taxes	\$
Utilities (gas, electric, water, etc.)	\$
Telephone/Cell Phone	\$
Groceries (Food/Household supplies)	\$
Car Payments/Gas/Insurance	\$
Public Transportation (bus, train, etc.)	\$
Health Insurance (Medical/Dental)	\$
Clothing	\$
Child Care/Child Support Paid	\$
Other: (Please Explain)	\$
<b>Total Monthly Expenses</b>	\$
	x 12
<b>Total Yearly Expenses</b>	\$

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

**SECTION II**

**Income/Resources**

For any category in which you had no income or resource please record "0".

2016 Student(s) Monthly Income/Resources	Monthly Income/Resources
Income from Work (gross amount)	\$
Business Income	\$
Unemployment Compensation (Form 1099-G)	\$
Social Security Benefits (Form 1099)	\$
Supplemental Security Income (SSI)	\$
Child Support Received	\$
Workers Compensation	\$
Disability Benefits	\$
Alimony	\$
Welfare (TANF, GA)	\$
Food Stamps/SNAP	\$
Rental Assistance (Section 8, TRA)	\$
Cash Assistance from family and /or friends	\$
In-Kind Support <i>(Please include any bills paid on your behalf by someone else, but not considered a loan)</i>	\$
<b>Total Monthly Income/Resources</b>	\$
	x 12
<b>Total Yearly Income/Resources</b>	\$

**Explanation of Situation (Required)**

Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year 2016. An explanation is also required if few or no expenses were listed in Section I. If you used savings, line of credit, etc. to meet your expenses attach 3 consecutive monthly statements from those accounts.

**IF YOU OR YOUR SPOUSE RECEIVED 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](http://www.njgrants.org) then click on 'Electronic Document Collection'.*