

MONTHLY RESOURCE / EXPENDITURE STATEMENT

DEPENDENT STUDENT

Financial Assistance 2009 - 2010

Student Name: _____

I.D.#: _____

Instructions

Your parents must complete sections I, II, III, IV of this form as well as the certification. Return the completed form to the Office of Student Financial Assistance at
The College of New Jersey within the next 15 days

Section I

2008 Monthly Paid Expenditures

State the actual (\$) amount paid in 2008 to each expense item.

Monthly expenditures

Paid amount per month

1. Home mortgage/ Rental payments	(\$) _____
2. Real estate taxes	(\$) _____
3. Utilities (phone, gas, electric, water, heating, etc.)	(\$) _____
4. Food and household supplies	(\$) _____
5. Automobile payments	(\$) _____
6. Automobile insurance, gas, etc. and/or transportation	(\$) _____
7. Life and health insurance	(\$) _____
8. Medical expenses not covered by insurance	(\$) _____
9. Child care/ Day care	(\$) _____
10. Clothing	(\$) _____
11. Credit cards	(\$) _____
12. Miscellaneous	(\$) _____
Total monthly expenses	\$ _____

Return completed form to:

The College of New Jersey
Office of Student Financial Assistance
PO Box 7718
Ewing, NJ 08628-0718

(OVER)

