

# MONTHLY RESOURCE / EXPENDITURE STATEMENT

## INDEPENDENT STUDENT

Financial Assistance 2008 - 2009

Student Name: \_\_\_\_\_ TCNJ I.D. #: \_\_\_\_\_

### Instructions

You 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

#### 2007 Monthly Paid Expenditures

State the actual dollar (\$) amount paid in 2007 next to each expense item.

<u>Monthly expenditures</u>	<u>Paid amount per month</u>
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	(\$) _____
<b>Total monthly expenses</b>	<b>\$ _____</b>

Return Completed form to: The College of New Jersey  
Office of Student Financial Assistance  
PO Box 7718  
Ewing, NJ 08628-0718

(OVER)

**Section II**

**2007 Monthly Resources**

Please list all the resources and the dollar amounts that are used to meet the expenses listed on the front side. Be sure to include all wages, AFDC, child support, unemployment benefits, social security benefits, SSI, cash support received, etc. For the listed resources, provide documentation confirming the resource and the dollar (\$) amount. (Examples of acceptable documentation are 2007 Federal Tax Return, W-2 Forms, 1099 Forms, etc.)

<b>Resources</b>	<b>Documentation</b>	<b>Amount per month</b>
1. _____	_____	(\$) _____
2. _____	_____	(\$) _____
3. _____	_____	(\$) _____
4. _____	_____	(\$) _____
<b>TOTAL MONTHLY RESOURCES</b>		<b>\$ _____</b>

**Section III**

Are any of your expenses on the front of the form paid by another person?

\_\_\_ Yes \_\_\_ no

If yes, complete the information below.

<b>Expense paid</b>	<b>By whom (name)</b>	<b>Relationship</b>	<b>Amount per month</b>

**TOTAL PAID BY OTHER SOURCES** \$ \_\_\_\_\_

**Section IV**

**ASSETS**

Please restate your assets in the spaces provided. (Enter amounts or zero where applicable. Do not leave blank.)

- 1. Cash, savings and checking accounts \$ \_\_\_\_\_
- 2. Other real estate and investments (current net worth) \$ \_\_\_\_\_
- 3. Business and/or investment farm (current net worth) \$ \_\_\_\_\_

**Certification**

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

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_