

# MONTHLY RESOURCE / EXPENDITURE STATEMENT

## INDEPENDENT STUDENT

### Financial Assistance 2009 - 2010

Student Name: \_\_\_\_\_ 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

#### **2008 Monthly Paid Expenditures**

State the actual dollar (\$) amount paid in 2008 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)

