

INDEPENDENT STUDENT 2008-2009 MONTHLY RESOURCE AND EXPENDITURE STATEMENT

Student's Name: _____ *Social Security #:* _____

INSTRUCTIONS

You must complete sections I, II, III of this form as well as the certification. Return the completed form to your regional financial aid office within the next 15 days.

Incomplete forms cannot be processed and "zero" resources cannot be accepted.

SECTION I

2007 MONTHLY PAID EXPENDITURES

Please 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, maintenance 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 | \$ _____ |

2007 MONTHLY RESOURCES

List the financial resources and the monthly dollar (\$) that were used to meet the expenses listed on the front side. Be sure to include all resources such as wages, unemployment, disability, social security, pensions, SSI, credit card advantages, personal loans, drawing account from business, savings, etc. Please provide documentation confirming listed resources. (Examples of acceptable documentation are promissory notes, refinancing documents, savings account withdrawal statements, 1099 forms, etc.).

SECTION II

| <u>Resources</u> | <u>Amount Per Month</u> |
|--------------------------------|-------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| TOTAL MONTHLY RESOURCES | \$ _____ |

SECTION III

Are any of your expenses paid by another person(s) or business?
If yes, complete the information below.

Yes NO

| <u>Expense Paid</u> | <u>By Whom</u> (person or business) | <u>Amount Per Month</u> |
|----------------------------|--|-------------------------|
| 1. _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| TOTAL PAID BY OTHER | | \$ _____ |

CERTIFICATION

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

Student's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____