

INDEPENDENT STUDENT 2009-2010 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

2008 MONTHLY PAID EXPENDITURES

Please 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, 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	\$ _____

2008 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: _____