



2020-2021
INDEPENDENT STUDENT
MONTHLY EXPENSE AND RESOURCE STATEMENT

Student's Name: _____ NJHESAA ID#: _____
 Last First M.I.

INSTRUCTIONS

- You must complete *all sections* of this form. You are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- Report the *actual* monthly dollar (\$) amount *paid in 2018* for each expense. If the expenses vary in amount from month to month, provide the 2018 monthly average.

**IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS BELOW OR YOU PROVIDE INCOMPLETE RESPONSES
IN ANY OF THE FIELDS OR SECTIONS BELOW, THIS FORM WILL NOT BE PROCESSED.**

**IF YOU AND/OR YOUR SPOUSE RECEIVE ANY OF THE FEDERAL/STATE BENEFITS LISTED IN
SECTION II AND DOCUMENTATION IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.**

SECTION I

Student's/Spouse's Expenses

For any category in which you had no expense please record "0".

2018 Expenses	Monthly Expenses
***Rent/Home Mortgage and Property Taxes	\$
Utilities (gas, electric, water, etc.)	\$
Telephone/Cell Phone	\$
Groceries (Food/Household supplies)	\$
Car Payments/Gas/Insurance	\$
Public Transportation (bus, train, etc.)	\$
Health Insurance (Medical/Dental)	\$
Clothing	\$
Child Care/Child Support Paid	\$
Other: (Please Explain)	\$
Total Monthly Expenses	\$
	x 12
Total Yearly Expenses	\$

***If Rent/Home Mortgage and Property Taxes is zero. Please explain

SECTION II

Student's/Spouse's Resources – must provide documentation

For any category in which you had no income, benefits or resources please record "0".

2018 Income (submit documentation)	Monthly Income Received
Income from Work (gross amount) - <i>IRS Tax Return Transcript.</i> <i>(If no tax return was filed provide proof of non-filing and IRS wage and income Transcript)</i>	\$
Business Income	\$
Unemployment Compensation (Form 1099-G)	\$
Social Security Benefits (Form SSA-1099)	\$
Supplemental Security Income (SSI)	\$
Workers Compensation	\$
Disability Benefits	\$
2018 Other Resources	Other Monthly Resources Received
Alimony	\$
Child Support	\$
College Refunds <i>(Provide documentation of amounts received during calendar year 2018)</i>	\$
In-Kind Support <i>(Please include any bills paid on your behalf by someone else, but not considered a loan)</i>	\$
Total Monthly Income/Resources	\$
	x 12
Total Yearly Income/Resources	\$

2018 Federal/State Benefits Program (Social Services) - If you and/or your spouse's only source of income is from a Federal/State Benefits Program, you must provide documented proof of at least two of the benefits in this section received by you and/or your spouse in 2018.

Did you and/or your spouse receive Medicaid benefits in 2018? <i>(If yes, submit proof)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you and/or your spouse receive TANF, GA benefits in 2018? <i>(If yes, submit proof)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you and/or your spouse receive Food Stamps/Snap benefits in 2018? <i>(If yes, submit proof)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you and/or your spouse receive Rental Assistance (Section 8, TRA) in 2018? <i>(If yes, submit proof)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explanation of Situation (Required)

Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year 2018. An explanation is also required if few or no expenses were listed in Section I. If you used savings, line of credit, etc. to meet your expenses attach 3 consecutive monthly statements from those accounts.

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

Student's Signature (required): _____ Date: _____

Spouse's Signature : _____ Date: _____

PRINT AND SIGN

To submit this form, visit www.njgrants.org select the "Grants" tab then click "Upload Document".