

2021-2022 DEPENDENT STUDENT MONTHLY EXPENSE AND RESOURCE STATEMENT

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

INSTRUCTIONS

- Your parent(s) must complete <u>all sections</u> of this form. Your parent(s) are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- Report the <u>actual</u> monthly dollar (\$) amount <u>paid in 2019</u> for each expense. If the expenses vary in amount from month to month, provide the 2019 monthly average.

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

IF YOUR PARENT(S) RECEIVE ANY OF THE FEDERAL/STATE BENEFITS LISTED IN SECTION II AND DOCUMENTATION IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

SECTION I

Parent(s) Expenses			
For any category in which you had no expense please record "0".			
2019 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		
Parent(s) Resources –DOCUMENTATION MUST BI		
For any category in which you had no income, benefits or resources please 2019 Income (submit documentation)	Monthly Income Received	
Income from Work (gross amount) — All pages of IRS Tax Return Transcript (If no tax return was filed provide proof of non-filing and IRS wage and income Transcript)	\$	
Business Income	\$	
Unemployment Compensation (Form 1099-G)	\$	
Social Security Benefits (Form SSA-1099)	\$	
Supplemental Security Income (SSI)	\$	
Workers Compensation	\$	
Disability Benefits	\$	
2019 Other Resources	Other Monthly Resources Received	
Alimony	\$	
Child Support	\$	
College Refunds (Submit documentation of amounts received during calendar year 2019)	\$	
In-Kind Support (Please include any bills paid on your behalf by someone else, but not considered a loan)	\$	
Total Monthly Income/Resources	\$	
V	x 12	
Total Yearly Income/Resources	\$	
(If yes, submit Agency Letter or Form 1095 -B) Did your parent(s) receive TANF, GA, WIC benefits in 2019? (If yes, submit Agency Letter) ***Do not send copy of benefit card***	Yes No Yes No Yes No Yes No	
Include as much detail as possible about how your family covered all expenses listed in Section I for caler required if few or no expenses were listed in Section I. If you used savings, line of credit, etc. to meet you statements from those accounts.	ndar year 2019. An explanation is also ar expenses attach 3 consecutive monthly	
I (We) certify that the information above is correct and complete to the be	est of my (our) knowledge.	
Student's Signature (required):	Date:	
Parent's Signature (required):Date:		
To submit this form, visit www.njgrants.org select the "Grants" tab then click	"Upload Document".	

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