



Student Financial Aid Services (SFAS)

Monthly Resource and Expenditure Statement

Dependent Student

Student's Name _____ NJIT ID _____

UCID E-mail _____

The amount of income that your parent(s) reported on the Free Application for Federal Student Aid (FAFSA) appears unusually low on which to support the family. Your parents must complete Sections I, II, and the Certification on this form. Return the completed form within 15 days to Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982. If you have questions, please call SFAS at (973) 596-3479 between 8:30 A.M. and 4:30 P.M., Monday through Friday.

Section I - Monthly Paid Expenditures

In the blanks below, state the actual dollar (\$) amount that your parent(s) paid in the applicable tax year for each expenditure listed (e.g., for the 08-09 academic year, the "applicable tax year" is 2007; for the 07-08 academic year, the "applicable tax year" is 2006, and so on.) Enter \$0 if no expenses were incurred for a particular item.

Table with 2 columns: Monthly Expenditures and Amount Paid per Month. Lists 12 categories of expenses with corresponding dollar amounts.

Student's Name _____ NJIT ID _____

Section II - Monthly Resources

List the financial resources and the monthly dollar (\$) amounts that were used to meet the expenses listed in Section I. Include all resources, such as wages, unemployment, disability, social security, pensions, credit card advances, personal loans, drawing account from business, savings, etc. **Provide documentation confirming the Resource and the Amount per Month.** (Examples of acceptable documentation are promissory notes, refinancing documents, savings account withdrawal statements, 1099 forms, etc.).

Resource	Amount per Month
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
TOTAL Monthly Resources	\$ _____

Are any of the expenses in section I paid by another person(s) or business?

Yes _____ No _____

If Yes, complete the information below:

Type of Expense Paid	By Whom (Name)	Relationship	Amount per Month
			\$
			\$
			\$
			\$
			\$
			\$

Total Paid by Another \$ _____

Certification

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

Mother's signature _____ Date _____

Father's signature _____ Date _____

Student's signature _____ Date _____