



Student Financial Aid Services (SFAS)

Monthly Resource and Expenditure Statement

Dependent Student

Student's Name _____ NJIT ID _____

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). 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 09-10 academic year, the "applicable tax year" is 2008; for the 08-09 academic year, the "applicable tax year" is 2007, and so on.) Enter \$0 if no expenses were incurred for a particular item.

Monthly Expenditures

Amount Paid per Month

Table with 2 columns: Monthly Expenditures and Amount Paid per Month. Rows include: 1. Home mortgage/rental payment, 2. Property taxes, 3. Utilities (phone, gas, electric, water, heating, etc.), 4. Food and household supplies, 5. Automobile payments, insurance, gas, etc., and/or transportation, 6. Health Insurance, 7. Child care/day care, 8. Other (list), and TOTAL Monthly Expenses.

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, AFDC, subsidized housing, *social security benefits, *supplemental social security benefits, 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	\$ _____

* SSI & SSB listed, but not used for Institution calculation.

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** _____