



Student Financial Aid Services (SFAS)

Monthly Resource and Expenditure Statement

Independent Student

Student's Name _____ NJIT ID _____

The amount of income you reported on the Free Application for Federal Aid (FAFSA) appears unusually low for an independent student. Please complete Sections I, II, & III 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 you (and your spouse) 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 08-09, the "applicable tax year" is 2007, 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. Rows include: 1. Home mortgage/rental payment, 2. Utilities (phone, gas, electric, water, heating, etc.), 3. Food and household supplies, 4. Automobile payments, 5. Automobile insurance, gas, etc., and/or transportation, 6. Life and health insurance, 7. Medical expenses not covered by insurance, 8. Child care/day care, 9. Clothing, 10. Miscellaneous, and a TOTAL Monthly Expenses row.

Section II - Monthly Resources

List all the resources and the dollar (\$) amounts used to meet the expenses listed in Section I. Include all wages, AFDC, TANF, subsidized housing, child support, unemployment benefits, and *social security benefits, *supplemental social security benefits, & cash support received, etc. **For the listed resources, provide documentation confirming the Resource and the Amount per Month.** (Examples of acceptable documentation are Federal Tax Returns, W-2 forms, 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 your expenses on the front of the form paid by another person(s)?

Yes _____ No _____

If Yes, complete the information below:

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

Total Paid by Another \$ _____

Section III - ASSETS

Please restate your assets in the spaces provided. (Enter amount or zero where applicable DO NOT leave blank.)

STUDENT (and spouse)

- 1. Cash, savings and checking accounts \$ _____
- 2. Other real estate and investments \$ _____
- 3. Business \$ _____

Certification

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

Student's signature _____ **Date** _____

Spouse's signature _____ **Date** _____