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<http://www5.njit.edu/financialaid/sites/financialaid/files/lcms/docs/UploadingDocuments.pdf>
Mail or Fax:
 Student Financial Aid Services
 NJIT - Student Mall, University Heights
 Newark, NJ 07102 Fax: 973-596-2460

Monthly Expense/Resource Statement Dependent Student 2018–2019

Student's Name _____

NJIT ID _____

Please report the **monthly dollar amount paid in 2016** for each expense and also provide monthly resources. If your parents are reporting zeroes for all expenses and/or resources, please ask them to provide an explanation of how they support family, in a signed and dated statement. We may request documentation to confirm expenses and resources. You must **complete all sections** of this form.

2016 MONTHLY EXPENSES PAID

Expense	Monthly Expense Amount	Amount Paid By Parents	Amount Paid on Parent's Behalf	If paid on your parent's behalf, by whom (List name & relationship to you) e.g. John Smith (Uncle)
Rent/Mortgage & Property Taxes				
Utilities (phone, gas, electric, etc.)				
Food and Household Supplies				
Car, Gas, Insurance Payments				
Public Transportation				
Health Insurance				
Child Care/Clothing				
Other				
Total				

MONTHLY RESOURCES

List the monthly resources and the monthly dollar amount used to meet your expenses in 2016. Include resources such as wages, unemployment, disability, Social Security benefits, Supplemental Security Income, SNAP, TANF, WIC, Section 8, credit card advances, personal loans, savings, cash support etc. If someone else provided financial support, list their name and amount provided per month.

Resources	Amount Per Month

CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **Warning:** If you purposely give false or misleading information, you may be fined, sent to prison, or both. *Computer generated signatures are not acceptable.*

Student Signature _____

Date _____

Parent Signature _____

Date _____