

# MONTHLY RESOURCE / EXPENDITURE STATEMENT

## DEPENDENT STUDENT

Financial Assistance 2006 - 2007

Student Name: \_\_\_\_\_ TCNJ I.D.#: \_\_\_\_\_

### Instructions

Your parents must complete sections I, II, III, IV of this form as well as the certification. Return the completed form to the Office of Student Financial Assistance at  
The College of New Jersey within the next 15 days

### Section I

#### 2005 Monthly Paid Expenditures

State the actual (\$) amount paid in 2005 to each expense item.

#### Monthly expenditures

#### Paid amount per month

1. Home mortgage/ Rental payments	(\$) _____
2. Real estate taxes	(\$) _____
3. Utilities (phone, gas, electric, water, heating, etc.)	(\$) _____
4. Food and household supplies	(\$) _____
5. Automobile payments	(\$) _____
6. Automobile insurance, gas, etc. and/or transportation	(\$) _____
7. Life and health insurance	(\$) _____
8. Medical expenses not covered by insurance	(\$) _____
9. Child care/ Day care	(\$) _____
10. Clothing	(\$) _____
11. Credit cards	(\$) _____
12. Miscellaneous	(\$) _____
<b>Total monthly expenses</b>	<b>\$ _____</b>

Return completed form to:

The College of New Jersey  
Office of Student Financial Assistance  
PO Box 7718  
Ewing, NJ 08628-0718

(OVER)

