

MONTHLY RESOURCE / EXPENDITURE STATEMENT

INDEPENDENT STUDENT

Financial Assistance 2006 - 2007

Student Name: _____ TCNJ I.D. #: _____

Instructions

You 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 dollar (\$) amount paid in 2005 next to each expense item.

<u>Monthly expenditures</u>	<u>Paid amount per month</u>
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	(\$) _____
Total monthly expenses	\$ _____

Return Completed form to: The College of New Jersey
Office of Student Financial Assistance
PO Box 7718
Ewing, NJ 08628-0718

(OVER)

