



2018-2019 Independent
Monthly Expenses and Resource Worksheet

Student's Name _____

Student ID # _____

INSTRUCTIONS:

This form applies to your **monthly** expenses and resources.

Sections I **and** II of this form, as well as the certification, must be completed.

Incomplete forms cannot be processed and "zero" resources cannot be accepted.

SECTION I: STUDENT'S 2018 ESTIMATED MONTHLY EXPENSES.

Please state the ACTUAL dollar (\$) amount paid in 2017 next to each expense item.

Monthly Expenses

Monthly Amount Paid by You or on Your Behalf

- | | |
|--|----------|
| 1. Rent/Mortgage/Property taxes | \$ _____ |
| 2. Cable, home phone, internet, cell phone | \$ _____ |
| 3. Car payments/insurance OR Public transportation | \$ _____ |
| 4. Gas/electric, heating | \$ _____ |
| 5. Food and household supplies | \$ _____ |
| 6. Credit cards/Clothing | \$ _____ |
| 7. Child support paid | \$ _____ |

SECTION II: STUDENT'S 2018 MONTHLY RESOURCES

List the financial resources and monthly dollar (\$) amount that was used to meet the expenses listed above. Be sure to include all resources such as family support, personal loans, savings, SNAP/food stamps, free lunch, TANF/welfare, alimony, child support received, unemployment, disability, social security, SSI, pensions, etc.

Resources

Monthly Amount Received by You

- | | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

The student and one parent/spouse whose information was reported on the FAFSA must sign and date.

Student's Signature

Date

Spouse's Signature

Date