

2017-18 Parent Monthly Resource and Expenditure Statement

Student Name: _____ G#: _____

Parent Name _____

INSTRUCTIONS: This form applies to the monthly expenses and resources of your parent(s). Sections I and II of this form, as well as the certification, must be completed by your parent. **Incomplete forms cannot be processed and “zero” resources cannot be accepted.**

Please complete this form and return it to the Raritan Valley Community College Financial Aid Office as soon as possible

SECTION I: PARENTS’ 2015 ESTIMATED MONTHLY EXPENSES.

Please state the ACTUAL dollar (\$) amount paid in 2015 next to each expense item.

<u>Monthly Expenditures</u>	<u>Amount per Month</u>
1. Rent/Mortgage/Property Taxes	\$ _____
2. Cable, Home Phone, Internet, Cell Phone	\$ _____
3. Car Payments/Insurance	\$ _____
4. Gas/Electric, Heating	\$ _____
5. Food/Household Supplies	\$ _____
6. Credit Cards/ Clothing	\$ _____
 <u>Total Monthly Expenses</u>	 \$ _____

SECTION II: PARENTS’ 2015 MONTHLY RESOURCES.

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

<u>Resources</u>	<u>Amount per Month</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

CERTIFICATION

I (We) certify that the information in Sections I and II are correct and completed to the best of my/our knowledge.

_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date