P.O. Box 3300 = Somerville, NJ 08876-1265 = www.raritanval.edu

Student Name:



2019-20 Student Monthly Resource and Expenditure Statement

G#:

INSTRUCTIONS: This form applies to your monthly expenses and resources. 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: STUDENT'S 2017 ESTIMATED MONTHLY EXPENSES. Please state the ACTUAL dollar (\$) amount paid in 2017 next to each expense item.	
Monthly Expenditures 1. Rent/Mortgage/Property Taxes	Amount per Month \$
2. Cable, Home Phone, Internet, Cell Phone	\$
3. Car Payments/Insurance	\$
4. Gas/Electric, Heating	\$
5. Food/Household Supplies	\$
6. Credit Cards/ Clothing	\$
Total Monthly Expenses	\$
SECTION II: STUDENT'S 2017 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>	Amount per Month
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