

2019-2020 Monthly Resource & Expenditure Statement**DEPENDENT Student**

This form is in reference to information provided on your 2019-2020 FAFSA. In order to complete your financial aid award this Monthly Resource and Expenditure Statement needs to be completed and returned to our office. Completed forms should be returned to the Office of Financial Aid to address above or email to onestop@rider.edu. Responses must be accurate and verifiable. Should you have any questions, please call the Office of Financial Aid at (609)-896-5360.

*All requested information is in reference to **your parent(s)** monthly resources and expenditures.*

A. STUDENT INFORMATION:

Name (last name, first name, middle initial)

Student Bronc ID #**B. MONTHLY EXPENDITURES:**

Please respond to each item and do not leave anything blank. **Incomplete forms or “zero” for all items will not be accepted.** State the monthly dollar amount paid in **2018** for each expense.

| MONTHLY EXPENSES (2018) | MONTHLY AMOUNT |
|--|----------------|
| 1. Home Mortgage (include property taxes)/Rental Payment | \$ |
| 2. Utilities (phone, gas, electric, water, etc.) | \$ |
| 3. Food and Household Supplies | \$ |
| 4. Auto payment, insurance, gas and/or transportation | \$ |
| 5. Health and Life Insurance | \$ |
| 6. Medical expenses NOT covered by insurance | \$ |
| 7. Child care/Daycare | \$ |
| 8. Clothing | \$ |
| 9. Credit Card(s) | \$ |
| 10. Miscellaneous | \$ |
| TOTAL Monthly Expenses | \$ |

C. MONTHLY RESOURCES:

Please list all the resources and the dollar amount that were used to meet the monthly expenses listed above. For the listed resources provide documentation supporting the resource and the dollar amount. Examples of acceptable documentation are W2's, 1099 Form, unemployment, social security, child support, workman's comp, etc. **Resources MUST cover the total monthly expenses listed in Section B.**

| MONTHLY RESOURCES (2018) | MONTHLY AMOUNT |
|--------------------------------|----------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL Monthly Resources | \$ |

D. OTHER INFORMATION:

Are any of your **parent(s)** expenses on the previous page paid by another person (parents, relatives, boyfriend, girlfriend, friends, etc.)?

☐ YES

☐ NO

If **YES**, complete the following information:

By whom (name)? _____

Relationship to Parent _____

E. CERTIFICATION:

I/we certify that this information is complete and accurate to the best of my/our knowledge.

Mother's/Stepmother's Signature

Date

Father's/Stepfather's Signature

Date

Student's Signature

Date