

**SETON HALL UNIVERSITY**  
**2008-2009 Monthly Resource and Expense Statement**

**DEPENDENT**

You have been asked to complete this form based on a review of the information provided on your FAFSA. This form will be used to determine your parent(s) *monthly* resources and expenses. Please complete the form using actual dollar amounts for expenses paid in 2007.

Student Name: \_\_\_\_\_ SHUID: \_\_\_\_\_ SS# \_\_\_\_\_  
 (Please print) Last First MI

Address: \_\_\_\_\_  
 Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

**SECTION A: 2007 MONTHLY EXPENSES**

Please list the actual dollar amounts for the expenses paid in 2007 by your parent(s).

<b>Parent(s) Monthly Expenses</b>	<b>Amount Paid Per Month</b>
1. Home mortgage or rent	\$ _____
2. Utilities (phone, gas, electric, water, heating, etc.)	\$ _____
3. Food and other household supplies	\$ _____
4. Car payments, insurance, gas, maintenance	\$ _____
5. and/or transportation	\$ _____
6. Medical expenses not covered by insurance	\$ _____
7. Child or Day Care	\$ _____
8. Clothing	\$ _____
9. Credit Cards	\$ _____
10. Miscellaneous expenses	\$ _____
<b>Total Parent(s) Monthly Expenses</b>	<b>\$ _____</b>

**SECTION B: 2007 MONTHLY RESOURCES**

Please list all of the **monthly** resources that are used to meet the expenses listed in Section A. Be sure to include all wages, AFDC, child support, unemployment benefits, social security benefits, SSI and/or any **cash** received. **YOU MUCH ATTACH DOCUMENTATION TO SUPPORT ALL ENTRIES.** Examples of acceptable documentation are 2007 Federal Income Tax Returns, W-2 forms, 1099 forms and statements from the agency and/or persons providing the resources.

<b>Resources</b>	<b>Amount Received Per Month</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
<b>Total Parent(s) Monthly Resource</b>	<b>\$ _____</b>

**SECTION C: ADDITIONAL RESOURCES**

If the total resources reported in Section B do not meet the total expenses reported in Section A, please use the space below to list how the additional expenses from Section A were met.

<b>Expense Paid</b>	<b>By Whom</b>	<b>Amount Paid Per Month</b>
1. _____	_____	_____
2. _____	_____	_____

**SECTION C: CERTIFICATION AND SIGNATURES**

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_