

SETON HALL UNIVERSITY
2009-2010 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 2008.

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

Address: _____
 Street City State Zip

Home Phone: (____) _____ Cellular Phone: (____) _____

SECTION A: 2008 MONTHLY EXPENSES

Please list the actual dollar amounts for the expenses paid in 2008 by your parent(s).

Parent(s) Monthly Expenses	Amount Paid Per Month
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	\$ _____
Total Parent(s) Monthly Expenses	\$ _____

SECTION B: 2008 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 MUST ATTACH DOCUMENTATION TO SUPPORT ALL ENTRIES.** Examples of acceptable documentation are 2008 Federal Income Tax Returns, W-2 forms, 1099 forms and statements from the agency and/or persons providing the resources.

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

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.

Expense Paid	By Whom	Amount Paid Per Month
1. _____	_____	_____
2. _____	_____	_____

SECTION D: 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 _____