

SETON HALL UNIVERSITY
2009-2010 Monthly Resource and Expense Statement

INDEPENDENT

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 (and your spouses) *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 you (and your spouse).

Student (and Spouse) 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 Student (and Spouse) 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 Student (and Spouse) 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 in Section A where 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 _____

Spouse Signature _____ Date _____