



Gloucester County College

Office of Financial Aid

2009-2010 Parent's Monthly Resource and Expenditure Worksheet

Student's Information:

Name: _____ I.D Number: _____
 Address: _____ Apt# _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Parents Name: _____ Phone Number: _____

Instructions:

You must have your parents complete all sections of this form (sections I, II, III, IV). If they do not have a response for a line, please put an "N/A" or '0' on that line. All lines must have an answer. For the items listed, please indicate the **monthly** amount your parent pays. Please give the actual dollar value that was spent for each item in the year 2008. **DO NOT REPORT THE YEARLY VALUE.**

Section I

| <u>Monthly Expense</u> | <u>Amount paid per month</u> |
|--|------------------------------|
| 1. Home Mortgage or Rent | \$ _____ .00 |
| 2. Real estate taxes | \$ _____ .00 |
| 3. Utilities (Phone, gas, electric, water, heating, etc.) | \$ _____ .00 |
| 4. Automotive Payments | \$ _____ .00 |
| 5. Automotive insurance, gas, maintenance, or other transportation | \$ _____ .00 |
| 6. Food and household supplies | \$ _____ .00 |
| 7. Life and/or health insurance | \$ _____ .00 |
| 8. Medical expenses not covered by insurance | \$ _____ .00 |
| 9. Child care/Day care | \$ _____ .00 |
| 10. Clothing | \$ _____ .00 |
| 11. Credit Cards | \$ _____ .00 |
| 12. Miscellaneous | \$ _____ .00 |
| Total Monthly Expenses: | \$ _____ .00 |

Section II

In this section, your parent(s) must list the financial means in which they were able to use to meet the expenses listed in Section I. Please include all resources of income including working wages, unemployment, disability, social security, pensions, SSI, credit card advances, personal loans, drawings from business, savings or other capital. Your parent(s) will have to provide documentation confirming the listed resources, please attach them to this form prior to submitting. (Acceptable forms of documentation are promissory notes, refinancing documentation, saving accounts statements, 1099 forms etc.)

| <u>Resources</u> | <u>Amount per month</u> |
|---------------------------------|-------------------------|
| 1. _____ | \$ _____ .00 |
| 2. _____ | _____ .00 |
| 3. _____ | _____ .00 |
| 4. _____ | _____ .00 |
| 5. _____ | _____ .00 |
| Total Monthly Resources: | \$ _____ .00 |

Please complete Section III and IV on the back of this form.

Parent's Monthly Resource and Expenditure Worksheet Continued

Section III

Were any of the expenses or resources your parents reported above in Section I and II provided by another person or business? Yes No

If you answered YES, please complete the information below.

| <u>Expense Paid</u> | <u>Who Paid</u> | <u>Amount per Month</u> |
|--|-----------------|-------------------------|
| 1. _____ | _____ | \$ _____ .00 |
| 2. _____ | _____ | _____ .00 |
| 3. _____ | _____ | _____ .00 |
| 4. _____ | _____ | _____ .00 |
| 5. _____ | _____ | _____ .00 |
| Total Paid by Other Person or Business: | | \$ _____ .00 |

Section IV

For this section, your parent(s) must list the current value of their assets in the spaces provided. Please do not leave any blank lines. For lines that do not have a value please report "0" or "NA". The values reported in this section will be entered on the FAFSA as responses to questions 91, 92, and 93.

ASSETS

| | Value |
|--|---------------------|
| 1. Cash, savings and checking accounts | \$ _____ .00 |
| 2. Other real estate and other investments (not your primary home) | \$ _____ .00 |
| 3. The estimated value of you parent(s) business | \$ _____ .00 |
| Total Assets: | \$ _____ .00 |

After this form is completed please return to Gloucester County College Office of Financial Aid located in the Student Services Building, or by fax at 856-468-8498. You may also return this form by mail to:

Gloucester County College
Office of Financial Aid
1400 Tanyard Rd
Sewell NJ 08080

The information supplied on this form will be used to determine how the student's parents' supported themselves and their family in the year 2008. The total value on this form will be reported on Untaxed Income Worksheet of the FAFSA application as "untaxed income not reported anywhere else" on the FAFSA, unless stated other wise in that sections directions. By signing below the parents' and the student are certifying that the information supplied in Section I,II, III, IV and all supporting documentation is correct and complete to the best of their knowledge. Should you or your parent(s) have questions on completing this document please call Gloucester County College's Office of Financial Aid at 856-468-5000 ext 6292.

Student's signature: _____ Date _____

Parent's signature: _____ Date _____