



# Gloucester County College

Office of Financial Aid

## 2009-2010 Student's Monthly Resource and Expenditure Worksheet

### Student's Information:

Name: \_\_\_\_\_ I.D Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Instructions:

You must complete all sections of this form (sections I, II, III, IV). If you 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 you (or your spouse) 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
<b>Total Monthly Expenses:</b>	\$ _____ .00

### Section II

In this section, you must list the financial means in which you 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. You 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, 1098 forms etc.)

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

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

Student's Monthly Resource and Expenditure Worksheet Continued

**Section III**

**Were any of the expenses or resources you (or your spouse) 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
<b>Total Paid by Other Person or Business:</b>		<b>\$ _____ .00</b>

**Section IV**

For this section, you must list the current value of you (or your spouses) 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 41, 42, and 43.

<b>ASSETS</b>	<b>Value</b>
1. Cash, savings and checking accounts	\$ _____ .00
2. Other real estate and other investments	\$ _____ .00
3. The estimated value of you (or your spouse's) business	\$ _____ .00
<b>Total Assets:</b>	<b>\$ _____ .00</b>

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

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date \_\_\_\_\_