



2017-2018 **Dependent**
Monthly Expenses and Resource Worksheet

Student's Name _____

Student ID # _____

INSTRUCTIONS:

This form applies to the **monthly** expenses and resources of your parent(s).
Sections I **and** II of this form, as well as the certification, must be completed by your parent.
Incomplete forms cannot be processed and "zero" resources cannot be accepted.

SECTION I: PARENTS' 2017 ESTIMATED MONTHLY EXPENSES.

Please state the ACTUAL dollar (\$) amount paid in 2016 next to each expense item.

<u>Monthly Expenses</u>	<u>Monthly Amount Paid by Parent</u>
1. Rent/Mortgage/Property taxes	\$ _____
2. Cable, home phone, internet, cell phone	\$ _____
3. Car payments/insurance OR Public transportation	\$ _____
4. Gas/electric, heating	\$ _____
5. Food and household supplies	\$ _____
6. Credit cards/Clothing	\$ _____
7. Child support paid	\$ _____

SECTION II: PARENTS' 2017 MONTHLY RESOURCES

List the financial resources and monthly dollar (\$) amount that was used to meet the expenses listed above.
Be sure to include all resources such as family support, personal loans, savings, SNAP/food stamps, free lunch,
TANF/welfare, alimony, child support received, unemployment, disability, social security, SSI, pensions, etc.

<u>Resources</u>	<u>Monthly Amount Received by Parent</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.
The student and one parent/spouse whose information was reported on the FAFSA must sign and date.

Student's Signature

Date

Parent's Signature

Date