



2016-2017 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' 2016 ESTIMATED MONTHLY EXPENSES.**

Please state the ACTUAL dollar (\$) amount paid in 2015 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' 2016 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