

DREW UNIVERSITY

2018-2019 MONTHLY EXPENDITURE AND RESOURCE STATEMENT FOR 2016

Student's Name: _____
Last First

Social Security #: _____ **Drew ID #:** _____

INSTRUCTIONS

- Please complete (*independent students*) or have your parents (*dependent students*) complete Sections I, II, III, and IV.
- Return the completed form to the address at the top of this form within the next 15 days.
- Please be as accurate as possible when listing expenditures since these amounts will be used in determining potential financial aid eligibility.
- Only list personal expenses (**no business expenses please**).
- Report the actual monthly dollar amount **paid in 2016** for each expense. If the expenses vary in amount from month to month, provide the monthly average.
- Only one form per household will be accepted.

SECTION I - 2016 Monthly Paid Expenditures

Monthly Expenditures	Monthly Amount Paid
1. Home Mortgage / Rental Payments	\$ _____
2. Property Taxes (if applicable)	\$ _____
3. Utilities (phone, gas, electric, water, heating, etc.)	\$ _____
4. Food and Household Supplies	\$ _____
5. Transportation Expenses	
a. Automobile Expenses (monthly payment(s), gas, insurance, maintenance) AND/OR	\$ _____
b. Monthly train, bus passes or other transportation expenses	\$ _____
6. Health Insurance	\$ _____
7. Child Care	\$ _____
8. Other _____	\$ _____
(Please list other expenses if applicable)	
Total Monthly Expenses	\$ _____

(OVER)

SECTION II – 2016 Monthly Resources

List the financial resources and the monthly dollar (\$) amount that were used to meet the expenses listed on the front side. Be sure to include all resources such as wages, unemployment, disability, social security, pensions, SSI, credit card advances, personal loans, drawing account from business, savings, etc. Please provide documentation confirming listed resources. (Examples of acceptable documentation are promissory notes, refinancing documents, savings account withdrawal statements, 1099 forms, etc.)

<u>Resources</u>	<u>Amount per Month</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
Total Monthly Resources	\$ _____

SECTION III – Other Resources

Are any of your expenses paid by another person(s) or business? Yes No

If yes, complete the information below.

<u>Expense Paid</u>	<u>By Whom</u>	<u>Amount per Month</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
Total Paid by Other		\$ _____

SECTION IV - Certification

I/We certify that the information in Sections I, II, and III is true, correct, and complete to the best of my/our knowledge. I/We agree to provide, if requested, any other documentation necessary to verify the information reported.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

Your award eligibility will remain incomplete/pending until your completed response has been received and reviewed. Should you have any questions, please contact your Financial Assistance Counselor at 973-408-3112 between 9:00am and 5:00pm, Monday-Friday.

Return completed form by mail to Drew University – Office of Financial Assistance, 36 Madison Avenue, Madison, NJ 07940 or fax 973-408-3188.