



Monthly Resource & Expenditure Statement Dependent Student 2019-2020

Student' Name: _____

SCCC ID#: _____

Please report the **monthly dollar amount paid in 2017** for each expense and also provide monthly resources. If your parents are reporting zeroes for all expenses and/or resources, please ask them to provide an explanation of how you support the family, in a signed and dated statement. We may request documentation to confirm expenses and resources. You must **complete all sections** of this form.

2017 MONTHLY EXPENSES PAID				
Expense	Monthly Expense Amount	Amount Paid By Parents	Amount Paid on Parent's Behalf	If paid on your parent's behalf, by whom. (List name & relationship to you) e.g. Paul Jones (Uncle)
Rent/Mortgage & Property Taxes				
Utilities (phone, gas, electric, etc.)				
Food and Household Supplies				
Car, Gas, Insurance payments				
Public Transportation				
Health Insurance				
Child Care/Clothing				
Other				
Total				

2017 MONTHLY RESOURCES

List the monthly resources and the monthly dollar amount used to meet your expenses in 2017. Include resources such as wages, Unemployment, Disability, Social Security benefits, Supplemental Security Income, SNAP, TANF, WIC, Section 8, credit card advances, personal loans, savings, cash support, etc. If someone else provided financial support, list their name and amount provided per month.

2016 MONTHLY RESOURCES	
Resources	Amount Per Month

CERTIFICATION AND SIGNATURES

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct.

Warning: *If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison or both. Computer generated signatures are not acceptable.*

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____