



2024-2025
INDEPENDENT STUDENT
MONTHLY EXPENSE AND RESOURCE STATEMENT

Student's Name: _____ NJHESAA ID#: _____
 Last First M.I.

INSTRUCTIONS

- You must complete **all sections** of this form. You are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- Report the **actual** monthly dollar (\$) amount **paid in 2022** for each expense. If the expenses vary in amount from month to month, provide the 2022 monthly average.

IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS BELOW OR YOU PROVIDE INCOMPLETE RESPONSES IN ANY OF THE FIELDS OR SECTIONS BELOW, THIS FORM WILL NOT BE PROCESSED.

SECTION I

Student's/Spouse's Expenses	
For any category in which you had no expense please record "0".	
2022 Expenses	Monthly Expenses
***Rent/Home Mortgage and Property Taxes	\$
Utilities (gas, electric, water, etc.)	\$
Telephone/Cell Phone	\$
Groceries (Food/Household supplies)	\$
Car Payments/Gas/Insurance	\$
Public Transportation (bus, train, etc.)	\$
Health Insurance (Medical/Dental)	\$
Clothing	\$
Child Care/Child Support Paid	\$
Other: (Please Explain)	\$
Total Monthly Expenses	\$
	x 12
Total Yearly Expenses	\$

***If Rent/Home Mortgage and Property Taxes is zero. Please explain:

SECTION II

Student's/Spouse's Resources - DOCUMENTATION MUST BE SUBMITTED

For any category in which you had no income, benefits or resources please record "0".

2022 Income (Forms submitted without documentation will not be processed)	Monthly Income Received
Income from Work (gross amount) – Submit all pages of <i>IRS Tax Return Transcript</i> (If no tax return was filed provide IRS proof of non-filing and IRS wage and income Transcript)	\$
Business Income	\$
2022 Other Resources	Other Monthly Resources Received
Unemployment Compensation (Form 1099-G)	\$
Social Security Benefits (Form SSA-1099)	\$
Supplemental Security Income (SSI)	\$
Workers Compensation	\$
Disability Benefits	\$
Alimony (Submit Agency statement showing amount received for end of year 2022)	\$
College Refunds (Submit documentation of amounts received during calendar year 2022)	\$
In-Kind Support (Please include any bills paid on your behalf by someone else, but not considered a loan)	\$
2022 Child Support	
Child Support (Submit statement from the Agency or Division showing amount received for end of year 2022)	\$
Total Monthly Income/Resources	\$
	x 12
Total Yearly Income/Resources	\$

Do or did you (or your spouse) receive Rental Assistance (Section 8, TRA)? (If yes, submit Agency Letter)	Yes	No
Do or did you (or your spouse) receive GA benefits? (If yes, submit Agency Letter)**Do not send copy of benefit card**	Yes	No
Do or did you (or your spouse) receive WIC? (If yes, submit Agency ID Folder or Letter)	Yes	No

Answer the following questions below about the years 2022, 2023, or up until October 1, 2024. HESAA will obtain proof of the following social services directly from the relevant State agencies.

Do or did you (or your spouse) receive Medicaid/NJ Family Care benefits?	Yes	No
Do or did you (or your spouse) receive TANF/Work First NJ benefits?	Yes	No
Do or did you (or your spouse) receive Food Stamps/NJ SNAP benefits?	Yes	No

Explanation of Situation (Required)

Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year 2022. An explanation is also required if few or no expenses were listed in Section I. If you used savings, line of credit, etc. to meet your expenses attach 3 consecutive monthly statements from those accounts and 2022 1099 interest and/or dividends statement.

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

Student's Signature (required): _____ Date: _____

Spouse's Signature (required): _____ Date: _____

To submit this form along with supporting Documentation, log into NJFAMS, go to your "To Do List", and select "Upload Document" for the document you are uploading. To view Grants & Scholarships instructions visit: <https://www.hesaa.org/Pages/uploaddocuments.aspx>