

\_\_\_\_\_  
RUID or A number

**Instructions**

- The student must complete all sections of this form. The reason for completing this form is that either no or low income was reported on your FAFSA.
- Please complete Table 1 to show the amount of the household expenses and the amount paid by you or others (family, friends, etc.). Do not list federal or state benefits you received. Federal or state benefits must be listed in Table 2.
- If you enter zeroes in all fields, you must provide an explanation of how you support yourself/your family or the form will not be processed. Only one form per household should be submitted.

**Table 1: 2015 Monthly Paid Expenses**

Expenses	Amount of Monthly Expenses	Amount Paid by Student	If someone else assisted your family in paying the monthly expenses, please list below:	
			Amount	Relationship of person who provided assistance
Rent / Home Mortgage and Property Taxes				
Utilities (phone, gas, electric, water)				
Car Payment / gas / insurance				
Public Transportation				
Health Insurance				
Child Care / Clothing				
Other				
<b>Total Monthly Expenses</b>				

**Table 2: Resources**

List other resources your family received such as payments from wages, unemployment, disability, Social Security benefits, Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Special Supplemental Nutrition for Women, Infants, and Children (WIC), Section 8, Utilities Assistance, etc. You may need to provide documentation of these resources.

List all federal and state resources your family received	Amount Per Month
1)	
2)	
3)	
4)	
<b>Total Monthly Resources</b>	

**Signatures**

We certify that all the information reported on this worksheet is complete and correct. We understand that incomplete or missing documents or forms can result in a delay of the aid process. If you purposely give false or misleading information you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Print Spouse Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

Return this form to your regional Office of Financial Aid.  
For office hours and locations, visit:  
[financialaid.rutgers.edu/contact](http://financialaid.rutgers.edu/contact)