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Monthly Expenses and Resource Worksheet 2023-24

Student Name (Please print)		CWID#	
You must complete all sections of this form. If you enter '0' in all fields, your form will be considered incomplete and your financial aid will be delayed.			
MONTHLY PAID EXPENSES			
 Report the ACTUAL monthly dollar amount paid in 2021 for each expense. If the expenses vary in amount from month to month, provide the monthly average. 			
EXPENSE	Amount Paid by You	Amount Paid on Your Behalf	If paid on your behalf, provide name and relationship
Rent or home mortgage Food/groceries Car payments/gas/insurance Public Transportation Health Insurance Medical Expenses Phone Expenses Clothing Other TOTAL	MONTHLY R	ESOURCES	
unemployment, disability, social security, SSI (social security disability), credit card advances, personal loans, etc. Please note: your monthly resources should equal or exceed your monthly expenses.			
RESOURCES		Monthly Amount	
TOTAL Monthly Resources			
I certify that the information above is correct and complete to the best of my knowledge.			
Student Date Computer generated signatures are not acceptable.			

Note: If we have reason to believe that the information regarding Other Untaxed Income and Resources is not accurate, we may require additional documentation.