

Financial Aid Office Phone: (973) 655-7600 redhawkcentral@montclair.edu

Scan & Upload to StudentForms: https://montclair.verifymyfafsa.com

Monthly Expenses and Resource Worksheet 2025-26

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 2023 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 List the resources/funding and monthly unemployment, disability, social securietc. Please note: your monthly resource	MONTHLY R dollar amounts u ty, SSI (social sec	sed to meet your exp curity disability), cre	penses. Include wages, dit card advances, personal loans,
RESOURCES		Monthly Amount	
TOTAL Mor			
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.