



2022-2023 DEPENDENT MONTHLY EXPENSE AND RESOURCE WORKSHEET

Student's Name: _____

Mercer ID#: _____

Please report the monthly dollar amount paid in 2020 for each expense and also provide monthly resources. ***If your parents reported zeroes for all expenses and/or resources, please have them provide an explanation of how they 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. **Incomplete forms will not be processed and "zero" resources will not be accepted.**

2020 MONTHLY PAID EXPENSES

Expenses	Amount Paid by Student/Parent	Amount Paid on Behalf of Student/ Parent	If paid on behalf, by whom (List name and relationship)
Rent/Home Mortgage & Property Taxes	\$	\$	
Utilities (phone, gas, electric water, etc.)	\$	\$	
Food and Household Supplies	\$	\$	
Car Payments/Gas/Insurance	\$	\$	
Public Transportation	\$	\$	
Health Insurance	\$	\$	
Child Care/Clothing	\$	\$	
Other	\$	\$	
Total Monthly Expenses	\$	\$	

List the monthly resources and the monthly dollar amount used to meet your expenses in 2020. 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.

Resources	Yearly Amount
1)	\$
2)	\$
3)	\$
4)	\$
Total Monthly Resources	\$

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and spouse whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

Student Signature

Date

Parent Signature

Date