

## 2024-2025 Monthly Expense & Resource Statement

You have indicated on your 2024-2025 FAFSA that you (and your spouse/partner if Independent) or your parent/s (if Dependent) did not file taxes and/or had zero (0) income in 2022. The Office of Financial Aid at Mercer County Community College is required to requested additional information to determine how your household needs are met. When the review is final, Federal financial aid eligibility will be determined. Failure to submit any requested documentation will result in you being ineligible for Federal student aid.

Last Name First	Name		Student ID #
Instructions: Complete the information a pay for these expenses each month in 2022 SSI, SNAP, TANF, Section 8, cash support	2. Include resourc	es such as Unem	nployment, SSD,
Expense	Amount Paid Student	Amount Paid Spouse/Partne (Independent	er Parent(s)
Rent/Mortgage/Property Taxes	\$	\$	\$
Utilities (gas, electric, water, etc.)	\$	\$	\$
Food & Home Supplies	\$	\$	\$
Transportation (car, insurance, bus, etc.)	\$	\$	\$
Health Insurance	\$	\$	\$
Child Care	\$	\$	\$
<b>Total Monthly Expenses</b>	\$	\$	\$
Resource			Monthly Amount
)			\$
2)			\$
			\$
			\$
	Total M	onthly Resourc	es \$
Each person signing this form certifies that all informati	on reported on it is com	plete and correct.	
Student Signature	Date		VARNING: If you purpos
			dse misleading informations worksheet, you may be

sentenced to jail, or both.