

Student's Name: \_\_\_\_\_ ALT ID#: \_\_\_\_\_  
Last First M.I.

**INSTRUCTIONS**

- You must complete ***all sections*** of this form. You are required to complete this form because no income was reported on your FAFSA or the income reported was low and your marital status has changed.
- Report the ***actual*** monthly dollar (\$) amount ***paid in 2023*** for each expense. If the expenses vary in amount from month to month, provide the 2023 monthly average.

**IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS BELOW OR YOU PROVIDE INCOMPLETE RESPONSES IN ANY OF THE FIELDS OR SECTIONS BELOW, THIS FORM WILL NOT BE PROCESSED.**

**SECTION I**

**Student's/Spouse's Expenses**

For any category in which you had no expense please record "0".

2023 Expenses	Monthly Expenses
***Rent/Home Mortgage and Property Taxes	\$
Utilities (gas, electric, water, etc.)	\$
Telephone/Cell Phone	\$
Groceries (Food/Household supplies)	\$
Car Payments/Gas/Insurance	\$
Public Transportation (bus, train, etc.)	\$
Health Insurance (Medical/Dental)	\$
Clothing	\$
Child Care/Child Support Paid	\$
Other: (Please Explain)	\$
<b>Total Monthly Expenses</b>	\$ 0.00
	x 12
<b>Total Yearly Expenses</b>	\$ 0.00

\*\*\*If Rent/Home Mortgage and Property Taxes is zero. Please explain:

**SECTION II**

**Student's/Spouse's Resources – DOCUMENTATION MUST BE SUBMITTED**

For any category in which you had no income, benefits or resources please record "0".

<b>2023 Income (Forms submitted without documentation will not be processed)</b>	<b>Monthly Income Received</b>
Income from Work (gross amount) – <b>All pages</b> of IRS Tax Return Transcript <i>(If no tax return was filed provide proof of non-filing and IRS wage and income Transcript)</i>	\$
Business Income	\$
<b>2023 Other Resources</b>	<b>Other Monthly Resources Received</b>
Unemployment Compensation (Form 1099-G)	\$
Social Security Benefits (Form SSA-1099)	\$
Supplemental Security Income (SSI)	\$
Workers Compensation	\$
Disability Benefits	\$
Alimony <i>(Submit Agency statement showing amount received for end of year 2024)</i>	\$
Child Support <i>(Submit documentation from Child Support Agency or Division for end of year 2024)</i>	\$
College Refunds <i>(Submit documentation of amounts received during calendar year 2024)</i>	\$
In-Kind Support <i>(Please include any bills paid on your behalf by someone else, but not considered a loan)</i>	\$
<b>Total Monthly Income/Resources</b>	\$ 0.00
	x 12
<b>Total Yearly Income/Resources</b>	\$ 0.00

**RESOURCES FROM FEDERAL BENEFIT PROGRAMS - Answer the following questions below about the years 2023, 2024, or up until 2025**

<b>Do or did you (or your spouse) receive Rental Assistance (Section 8, TRA)</b> <b>(If yes, submit Agency Letter)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do or did you (or your spouse) receive GA benefits?</b> <b>(If yes, submit Agency Letter) ***Do not send copy of benefit card***</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do or did you (or your spouse) receive WIC?</b> <b>(If yes, submit Agency ID Folder or Letter)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Answer the following questions below about the years 2023, 2024, or up until 2025 .</b> Please provide documented proof.		
<b>Do or did you (or your spouse) receive Medicaid/NJ Family Care benefits?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do or did you (or your spouse) receive TANF/Work First benefits?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do or did you (or your spouse) receive Food Stamps/NJ Snap benefits?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Explanation of Situation (Required)**  
 Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year 2024. An explanation is also required if few or no expenses were listed in Section I. If you used savings, line of credit, etc. to meet your expenses attach 3 consecutive monthly statements from those accounts and 2024 1099 interest and/or dividends statement.

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

Student's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse's Signature : \_\_\_\_\_ Date: \_\_\_\_\_