

Student's Name: _____ Alt ID#: _____
Last First M.I.

INSTRUCTIONS

- Your parent(s) must complete **all sections** of this form. Your parent(s) are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- Report the **actual** monthly dollar (\$) amount **paid in 2024** for each expense. If the expenses vary in amount from month to month, provide the 2024 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

Parent(s) Expenses

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

2024 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)	\$
Total Monthly Expenses	\$
	x 12
Total Yearly Expenses	\$

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

SECTION II

Parent(s) Resources –DOCUMENTATION MUST BE SUBMITTED

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

2024 Income from Work (Forms submitted without documentation will not be processed)	Monthly Income Received
Income from Work (gross amount) – All pages 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	\$
2024 Other Resources	Other Monthly Resources Received
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>	\$
Total Monthly Income/Resources	\$
	x 12
Total Yearly Income/Resources	\$

RESOURCES FROM FEDERAL BENEFIT PROGRAMS - Answer the following questions below about the years 2024, 2025, or up until 2026

Do or did your parent(s) receive Rental Assistance (Section 8, TRA)? Yes No
(If yes, submit Agency Letter)

Do or did your parent(s) receive GA benefits? Yes No
*(If yes, submit Agency Letter) ***Do not send copy of benefit card****

Do or did your parent(s) receive WIC? Yes No
(If yes, submit Agency ID Folder or Letter)

Answer the following questions below about the years 2024, 2025, or up until 2026
 Please provide documented proof.

Do or did your parent(s) receive Medicaid/NJ Family Care benefits? Yes No

Do or did your parent(s) receive TANF/WorkFirst NJ benefits? Yes No

Do or did your parent(s) receive Food Stamps/NJ SNAP benefits? Yes No

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: _____

Parent's Signature (required): _____ Date: _____