

**FORM TYPE: HHD** 

Please log into your Gothic Portal and upload form to MY ATTACHMENTS

## 2025-2026 DEPENDENT HOUSEHOLD MONTHLY EXPENSE AND RESOURCE WORKSHEET

| Student's Name:                                                                                                                                                 |                                       | NJCU ID#:                    | NJCU ID#:                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|---------------------------------------------------------|--|
| Please report the monthly dollar amount paid in 2 zeroes for all expenses and/or resources, please h                                                            | nave them provide                     | an explanation of how they s | support the family, in a signed and                     |  |
| dated statement. We may request documentation this form. Incomplete forms will not be processed                                                                 | · · · · · · · · · · · · · · · · · · · | ·                            | t(s) must complete all sections of                      |  |
| tilis form. <b>incomplete forms will not be processet</b>                                                                                                       | a anu zero resoc                      | irces will not be accepted.  |                                                         |  |
|                                                                                                                                                                 | 2023 YEARLY P                         | AID EXPENSES                 |                                                         |  |
| Expenses                                                                                                                                                        | Amount Paid                           | Amount Paid on Behalf        | If paid on behalf, by whom (List name and relationship) |  |
| Rent/Home Mortgage & Property Taxes                                                                                                                             | \$                                    | \$                           | (List hame and relationship)                            |  |
| Utilities (phone, gas, electric water, etc.)                                                                                                                    | \$                                    | \$                           |                                                         |  |
| Food and Household Supplies                                                                                                                                     | \$                                    | \$                           |                                                         |  |
| Car Payments/Gas/Insurance                                                                                                                                      | \$                                    | \$                           |                                                         |  |
| Public Transportation                                                                                                                                           | \$                                    | \$                           |                                                         |  |
| Health Insurance                                                                                                                                                | \$                                    | \$                           |                                                         |  |
| Child Care/Clothing                                                                                                                                             | \$                                    | \$                           |                                                         |  |
| Other                                                                                                                                                           | \$                                    | \$                           |                                                         |  |
| Total Yearly Expenses                                                                                                                                           | \$                                    | \$                           |                                                         |  |
| wages, unemployment, disability, Social Security credit card advances, personal loans, savings, cas and amount provided per month.                              |                                       |                              |                                                         |  |
| Resources                                                                                                                                                       |                                       | Yearly Amount                |                                                         |  |
| 1)                                                                                                                                                              |                                       | \$                           |                                                         |  |
| 2)                                                                                                                                                              |                                       | \$                           |                                                         |  |
| 3)                                                                                                                                                              |                                       | \$                           |                                                         |  |
| 4)                                                                                                                                                              |                                       | \$                           |                                                         |  |
| Total Yearly Resources                                                                                                                                          |                                       | \$                           |                                                         |  |
| Certifications and Signatures Each person signing below certifies that all The student and parent(s) whose informat you purposely give false or misleading info | ion was reported                      | d on the FAFSA must sign an  | d date. WARNING: If                                     |  |
| Student Signature                                                                                                                                               | ·                                     | Date                         |                                                         |  |
| Parent Signature                                                                                                                                                |                                       | Date                         |                                                         |  |