MERCYHURST UNIVERSITY

Student Financial Services

2013-14 Student Monthly Resource and Expenditure Statement

Independent Student

Student's Name _____ **Mercyhurst ID** _____

The amount of income you reported on the Free Application for Federal Aid (FAFSA) appears unusually low for an independent student. Please complete Sections I, II, and the Certification on this form.

Section I - Monthly Resources

List all the resources and the dollar ($) amounts used to meet the expenses listed in Section I. Include all wages, Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), child support, unemployment benefits, social security benefits, cash support received, etc. **For the listed resources, provide documentation confirming the Resource and the Amount per Month.** (Examples of acceptable documentation are Federal Tax Returns, W-2 forms, 1099 forms, etc.)

Resource	Amount per Month
1. _____	$_____
2. _____	$_____
3. _____	$_____
4. _____	$_____
5. _____	$_____
TOTAL Monthly Resources	$_____

Are any of your expenses on the front of the form paid by another person(s)?

Yes_____ No_____

If *yes*, complete the information below:

Type of Expense Paid	By Whom (Name)	Relationship	Amount per Month
			$
			$
			$
			$
			$
			$

Total Paid by Another $_____

-over-

Section II - Monthly Paid Expenditures

In the blanks below, state the actual dollar ($) amount that you (and your spouse) paid in the previous tax year for each expenditure listed. For example, for the 2013–14 academic year, the "previous tax year" is 2012. (Enter $0 if no expenses were incurred for a particular item.)

Monthly Expenditures	Amount Paid per Month
1. Home mortgage/rental payment	$_____
2. Real estate taxes	$_____
3. Utilities (phone, gas, electric, water, heating, etc.)	$ _____
4. Food and household supplies	$ _____
5. Automobile payments	$ _____
6. Automobile insurance, gas, etc., and/or transportation	$ _____
7. Life and health insurance	$_____
8. Medical expenses not covered by insurance	$ _____
9. Child care/day care	$ _____
10. Clothing	$_____
11. Credit cards	$ _____
12. Miscellaneous	$_____
TOTAL Monthly Expenses	**$**_____

Certification

I (we) certify that the information in Sections I and II above is correct and complete to the best of my (our) knowledge.

Student's signature _____ **Date** _____

Spouse's signature _____ **Date** _____