



**FINANCIAL AID OFFICE**

CRANFORD CAMPUS  
1033 Springfield Avenue  
Cranford, NJ 07016  
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ELIZABETH CAMPUS  
12 West Jersey Street  
Elizabeth, NJ 07201  
(908) 965-6063

PLAINFIELD CAMPUS  
232 East Second Street  
Plainfield, NJ 07060  
(908) 412-3571

**2009-2010 Monthly Resource and Expenditure Statement**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

CWID: \_\_\_\_\_  
Day Phone: (\_\_\_\_\_) \_\_\_\_\_  
Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

**2008 Family Resources**

Source of Income	Amount of Income
Work _____	\$ _____ per month/year
Benefits _____	\$ _____ per month/year
Another Person _____ (including family members)	\$ _____ per month/year

Please explain how you and your family received support during 2008. Please include any government assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2008 Family Costs**

	Cost
Mortgage or rental payments	\$ _____ per month/year
Food	\$ _____ per month/year
Utilities (including cell phone, gas, water, electric, etc.)	\$ _____ per month/year
Car payments, gas, insurance, bus/train pass, etc.	\$ _____ per month/year
Miscellaneous _____	\$ _____ per month/year
Other _____	\$ _____ per month/year

Please explain the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for all Dependent Students)