



BLOOMFIELD COLLEGE
2020-2021 CERTIFICATION OF MONTHLY EXPENDITURES AND RESOURCE
(Student)

Student's Name: _____

ID#: _____

Your financial aid application reflects a low household income. Before the Financial Aid Office can finalize your eligibility for student aid, please have *your parents* complete the information on both sides of this form. Your application will remain incomplete until you provide this information. Thank you for your cooperation. If you have any questions about the information requested on this form, please contact the Financial Aid Office at (973)748-9000, ext. 1212.

Important: If you enter “zeros” in fields or provide incomplete responses, the form will not be processed.

SECTION I

STUDENT'S 2018 MONTHLY PAID EXPENSES

| Expenses | Amount Paid by Student | Amount Paid on your Student's behalf | If paid on student's behalf, by whom (List name & relationship) |
|---|-------------------------------|---|--|
| Rent/Mortgage | \$ | \$ | |
| Utilities (phone, heat, electric, etc.) | \$ | \$ | |
| Food and Household Supplies | \$ | \$ | |
| Car Payments/GAS/Insurance | \$ | \$ | |
| Public Transportation | \$ | \$ | |
| Health Insurance | \$ | \$ | |
| Child care/Day care | \$ | \$ | |
| Other (please list): | \$ | \$ | |
| Total Monthly Expenses | \$ | \$ | |

SECTION II

Include all of your resources (used to meet the expenses listed above in Section I) such as; wages (W-2 forms), unemployment (Form 1099-G), disability, Social Security benefits (Form SSA-1099), Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Rental Assistance (Section 8, TRA), child support, etc.

2018 MONTHLY RESOURCES

| Resources | Amount Per Month |
|--------------------------------|-------------------------|
| 1) | \$ |
| 2) | \$ |
| 3) | \$ |
| 4) | \$ |
| Total Monthly Resources | \$ |

IF YOU RECEIVE ANY OF THE FEDERAL/STATE BENEFITS LISTED ABOVE AND DOCUMENTATION IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

SECTION III

Please use the space below to explain any unusual circumstances related to your family's income:

SECTION IV

I/We declare that the information reported on this form is true, correct, and complete. I/We agree to provide, if requested, any other documentation necessary to verify the information reported.

Student's signature _____

Date _____

Spouse's signature _____

Date _____