STATE OF NEW JERSEY



2025-2026 Independent Student Monthly Expense and Resource Statement

Please upload the completed and signed form, along with supporting documentation via NJFAMS:

To Log into NJFAMS visit: https://nifams.hesaa.org/NJFAMS/login.aspx?ReturnUrl=/NJFAMS/int/FinAid/index.aspx
Go to your "To Do List" and select "Upload Document" For Upload instructions visit: https://www.hesaa.org/Pages/uploaddocuments.aspx

| Student's Name: | | | NJHESAA ID#: |
|-----------------|------|-------|--------------|
| | Last | First | M.I. |

INSTRUCTIONS

- You are required to complete this form because low/no income was reported on your FAFSA.
- You must complete <u>all sections</u> of this form and upload all required documentation to HESAA
- Report the <u>actual</u> monthly dollar (\$) amount <u>paid in 2023</u> for each expense. If the expenses vary in amount from month to month, provide the 2023 monthly average.
- Additional information may be required if documents received are insufficient and/or incomplete.

THIS FORM WILL NOT BE PROCESSED, IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS BELOW OR PROVIDE INCOMPLETE RESPONSES IN ANY OF THE FIELDS OR SECTIONS BELOW.

SECTION I

| SECTION I | | | | | |
|---|----------------|--|--|--|--|
| Student's/Spouse's Monthly Expenses | | | | | |
| For any category in which you had no expense please record "0". | | | | | |
| 2023 Expenses | Monthly Amount | | | | |
| ***Rent/Home Mortgage and Property Taxes | \$ | | | | |
| Utilities (gas, electric, water, etc.) | \$ | | | | |
| Telephone/Cell Phone | \$ | | | | |
| Food and Household supplies | \$ | | | | |
| Car Payments/Gas/Insurance | \$ | | | | |
| Public Transportation (bus, train, etc.) | \$ | | | | |
| Out of pocket Medical / Dental expenses | \$ | | | | |
| Child Care/Child Support Paid | \$ | | | | |
| Clothing | \$ | | | | |
| Other: (Please Explain) | \$ | | | | |
| Total Monthly Expenses | \$ | | | | |
| | x 12 | | | | |
| Total Yearly Expenses | \$ | | | | |
| ***If Rent/Home Mortgage and Property Taxes are zero. Please explain: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION II

| Student's/Spouse's Monthly Resources - DOCUMENTATION MUST BE SUBMITTED | | | | | | |
|---|---|-----------------|---------|--|--|--|
| For any category in which you had no income, benefits or resources please record "0". | | | | | | |
| 2023 Income (Forms submitted without documentation will not be processed) | | Amount Received | | | | |
| Income from Work (gross amount) – Upload <u>all pages</u> of IRS Tax Return Transcript (If no tax return was filed provide IRS proof of non-filing <u>and</u> IRS wage and income Transcript) | | | \$ | | | |
| Business Income (Upload all pages of IRS Business Tax Return and K-1) | | \$ | | | | |
| 2023 Other Resources | | | | | | |
| Unemployment Compensation (Upload Form 1099-G) | | | \$ | | | |
| Social Security Benefits (Upload Form SSA-1099 for all household members) | | \$ | | | | |
| Supplemental Security Income (Upload Agency SSI benefit statement for 2023) | \$ | | | | | |
| Vorkers Compensation (Upload Agency statement of total amounts received in 2023) | | \$ | | | | |
| Disability Benefits (Upload Agency statement of total amounts received in 2023) | | \$ | | | | |
| Alimony (Upload Agency statement showing total amounts received for end of year 2023) | \$ | | | | | |
| College Refunds (Upload documentation of total amounts received during Calendar year 2023) | Refunds (Upload documentation of total amounts received during Calendar year 2023) \$ | | | | | |
| n-Kind Support (Please include any bills paid on your behalf by someone else, but not considered a soan) \$ | | \$ | | | | |
| 2023 Child Support | | | | | | |
| Child Support (Upload statements from the Agency or Division showing total amounts received for all dependents in the household for end of year 2023.) | | | \$ | | | |
| Total Monthly Income/Resources | | \$ | | | | |
| | x 12 | | | | | |
| Total Yearly Income/Resources | | | | | | |
| Do or did you (or your spouse) receive Rental Assistance (Section 8, TRA)? (If yes, submit Agency Lette | | | No | | | |
| Do or did you (or your spouse) receive GA benefits? (If yes, submit Agency Letter)**Do not send copy of benefit | it card** | Yes | No | | | |
| Do or did you (or your spouse) receive WIC? (If yes, submit Agency ID Folder or Letter) | | Yes | No | | | |
| Answer the following questions below about the years 2023, 2024, or up until October 1, 2025. HESAA may obtain proof of the following social services directly from the relevant State agencies. | | | | | | |
| Do or did you (or your spouse) receive Medicaid/NJ Family Care benefits? | | Yes | No | | | |
| Do or did you (or your spouse) receive TANF/Work First NJ benefits? | | Yes | No | | | |
| Do or did you (or your spouse) receive Food Stamps/NJ SNAP benefits? | | ı | No | | | |
| Do or did you (or your spouse) receive Food Stamps/NJ SNAP benefits? | | Yes | No | | | |
| Do or did you (or your spouse) receive Food Stamps/NJ SNAP benefits? Explanation of Situation (Required) | | Yes | NO | | | |
| | | explanation | is also | | | |
| Explanation of Situation (Required) Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year 20 required if few or no expenses were listed in Section I. If you used Savings, Line of Credit, etc. to meet your expenses. | | explanation | is also | | | |

This form must be signed by the student.

| Student's Signature (required): | Date: | | |
|---------------------------------|-------------|--|--|
| | | | |
| Spouse's Signature (optional): | Date: | | |