



The Educational Opportunity Fund Program
2021-2022 Supporting Documents

Independent Student
MONTHLY RESOURCE AND EXPENDITURE STATEMENT

Student's Name: _____

855#: _____

INSTRUCTIONS

Report the **actual** monthly dollar (\$) amount **paid in 2019** for each expense.
If the expenses vary in amount from month to month, provide the 2019 monthly average.

2019 MONTHLY PAID EXPENDITURES

STUDENTS' MONTHLY EXPENDITURES	Amount Paid By You	Amount Paid on Your Behalf	If paid on your behalf (List name & relationship)
Rent/Home Mortgage and Property Taxes	\$	\$	
Utilities (phone, gas, electric, water, heating, etc.)	\$	\$	
Food and Household Supplies	\$	\$	
Car Payments/Gas/ Insurance	\$	\$	
Public Transportation	\$	\$	
Health Insurance	\$	\$	
Child Care/Clothing	\$	\$	
Other: _____	\$	\$	
STUDENTS' TOTAL MONTHLY EXPENSES	\$	\$	

STUDENT'S 2019 MONTHLY RESOURCES

Include all your parents' 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.

RESOURCES	AMOUNT PER MONTH
	\$
	\$
	\$
	\$
STUDENTS' TOTAL MONTHLY RESOURCES	\$

I certify that the information provided above is correct and complete to the best of my knowledge.

Student's Signature: _____

Date: _____