



The Educational Opportunity Fund Program  
2019-2020 Supporting Documents

**Independent Student**  
**MONTHLY RESOURCE AND EXPENDITURE STATEMENT**

Student's Name: \_\_\_\_\_

855#: \_\_\_\_\_

**INSTRUCTIONS**

Report the **actual** monthly dollar (\$) amount **paid in 2017** for each expense.  
If the expenses vary in amount from month to month, provide the 2017 monthly average.

**2017 MONTHLY PAID EXPENDITURES**

<b>STUDENTS' MONTHLY EXPENDITURES</b>	<b>Amount Paid By You</b>	<b>Amount Paid on Your Behalf</b>	<b>If paid on your behalf (List name &amp; relationship)</b>
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: _____	\$	\$	
<b>STUDENTS' TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	<b>\$</b>	

**STUDENT'S 2017 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.*

<b>RESOURCES</b>	<b>AMOUNT PER MONTH</b>
	\$
	\$
	\$
	\$
<b>STUDENTS' TOTAL MONTHLY RESOURCES</b>	<b>\$</b>

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

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_