



The Educational Opportunity Fund Program
2022-2023 Supporting Documents

Dependent Student
MONTHLY RESOURCE AND EXPENDITURE STATEMENT

Student's Name: _____

855#: _____

INSTRUCTIONS

Report the **actual** monthly dollar (\$) amount **paid in 2020** for each expense.
If the expenses vary in amount from month to month, provide the **2020** monthly average.

PARENTS' MONTHLY EXPENDITURES	Amount Paid By Parents	Amount Paid on Your Parent's Behalf	If paid on your parent's behalf by whom (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: _____	\$	\$	
PARENTS' TOTAL MONTHLY EXPENSES	\$	\$	

PARENTS' 2020 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
1)	\$
2)	\$
3)	\$
4)	\$
PARENTS' TOTAL MONTHLY RESOURCES	\$

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

Parent Signature: _____

Date: _____

Student's Signature: _____

Date: _____



EXAMPLE

The Educational Opportunity Fund Program
2022-2023 Supporting Documents

Dependent Student
MONTHLY RESOURCE AND EXPENDITURE STATEMENT

Student's Name: John Doe

855#: 080808

INSTRUCTIONS

Report the **actual** monthly dollar (\$) amount **paid in 2020** for each expense.
If the expenses vary in amount from month to month, provide the 2020 monthly average.

2019 MONTHLY PAID EXPENDITURES

PARENTS' MONTHLY EXPENDITURES	Amount Paid By Parents	Amount Paid on Your Parent's Behalf	If paid on your parent's behalf by whom (List name & relationship)
Rent/Home Mortgage and Property Taxes	\$ 300	\$ 0	
Utilities (phone, gas, electric, water, heating, etc.)	\$ 50	\$ 0	
Food and Household Supplies	\$ 150	\$ 0	
Car Payments/Gas/ Insurance	\$ 0	\$ 0	
Public Transportation	\$ 125	\$ 0	
Health Insurance	\$ 0	\$ 0	
Child Care/Clothing	\$ 200	\$ 0	Jane Doe-Sister
Other: _____	\$ 0	\$ 0	
PARENTS' TOTAL MONTHLY EXPENSES	\$ 925	\$ 0	

PARENTS' 2020 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
1) SNAP Benefits	\$ 300
2) TANF-Cash	\$ 400
3) Section 8 Housing	\$ 900
4) Jane Doe (Sister)	\$ 200
PARENTS' TOTAL MONTHLY RESOURCES	\$1,800

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

Parent Signature: John Doe Sr.

Date: 9/15/21

Student's Signature: John Doe

Date: 9/15/21