



The Educational Opportunity Fund Program  
2021-2022 Supporting Documents

**Dependent 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**

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

**PARENTS' 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.*

<b>RESOURCES</b>	<b>AMOUNT PER MONTH</b>
1)	\$
2)	\$
3)	\$
4)	\$
<b>PARENTS' TOTAL MONTHLY RESOURCES</b>	<b>\$</b>

*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  
2021-2022 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 2019** for each expense.  
If the expenses vary in amount from month to month, provide the 2019 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	
<b>PARENTS' TOTAL MONTHLY EXPENSES</b>	<b>\$ 925</b>	<b>\$ 0</b>	

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

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: 9/15/20

Student's Signature: John Doe

Date: 9/15/20