



MRES13

2013-14 Federal Student Aid Programs Monthly Resource and Expenditure Statement Student

Student's Name _____ MUID 901_____

E-mail _____

The amount of income you reported on the Free Application for Federal Aid (FAFSA) appears unusually low for an independent student. Please complete Sections I, II, and the Certification on this form. Return the completed form to the Office of Student Financial Assistance. If you have questions, please call (304) 696-3162 between 8:00 a.m. and 5 p.m., Monday through Friday.

Section I - Monthly Paid Expenditures

State the actual dollar (\$) amount you (and your spouse) paid in the **2012** tax year for each expenditure listed below. Enter \$0 if no expenses were incurred for a particular item.

Monthly Expenditures	Amount Paid per Month
Home mortgage/rental payment	\$ _____
Real estate taxes	\$ _____
Utilities (phone, gas, electric, water, heating, etc.)	\$ _____
Food and household supplies	\$ _____
Automobile payments	\$ _____
Automobile insurance, gas, etc., and/or transportation	\$ _____
Life and health insurance	\$ _____
Medical expenses not covered by insurance	\$ _____
Child care/day care	\$ _____
Clothing	\$ _____
Credit cards	\$ _____
Miscellaneous	\$ _____
TOTAL Monthly Expenses	\$ _____

***** Must complete the back of this form*****

Student's Name _____ Student's ID _____

Section II - Monthly Resources

List all the resources and the monthly dollar (\$) amounts used to meet the expenses listed in Section I. Include all wages, child support, unemployment benefits, social security benefits, cash support received, etc. **For the listed resources, provide documentation confirming the Resource and the Amount per Month.** (Examples of acceptable documentation are Federal Tax Returns, W-2 forms, 1099 forms, etc.)

Resource	Amount per Month
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL Monthly Resources	\$ _____

Are any of your expenses on the front of the form paid by another person(s)?

Yes _____ No _____

If Yes, complete the information below:

Type of Expense Paid	By Whom (Name)	Relationship	Amount per Month
			\$
			\$
			\$
			\$
			\$
			\$

Total Paid by Another \$ _____

Certification

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

Student's signature _____ Date _____

Spouse's signature _____ Date _____