

2023/2024 DEPENDENT MONTHLY EXPENSE AND RESOURCE WORKSHEET

Student's Name:	Mercer ID#:		
Please report the monthly dollar amount paid in 20 reported zeroes for all expenses and/or resources,	•	·	
signed and dated statement. We may request doc	umentation to confirm	n expenses and resources. Yo	ou must complete all sections of
this form. Incomplete forms will not be processed	and "zero" resources	will not be accepted.	
202	21 MONTHLY PAIL	EXPENSES	
Expenses	Amount Paid by	Amount Paid on Behalf	If paid on behalf, by whom
Expenses	Student/Parent		(List name and relationship)
Rent/Home Mortgage & Property Taxes	\$	\$	
Utilities (phone, gas, electric water, etc.)	\$	\$	
Food and Household Supplies	\$	\$	
Car Payments/Gas/Insurance	\$	\$	
Public Transportation	\$	\$	
Health Insurance	\$	\$	
Child Care/Clothing	\$	\$	
Other	\$	\$	
Total Monthly Expenses	\$	\$	
card advances, personal loans, savings, cash amount provided per month.	support etc. If some	ne else provided financial su	ipport, list their name and
Resources		y Amount	
1) \$			
2) \$			
3) \$			
4) \$			
Total Annual Resources \$			
Certifications and Signatures Each person signing below certifies that all The student and spouse whose information purposely give false or misleading informa	was reported on th	e FAFSA must sign and da	te. WARNING: If you
Student Signature		Date	
Parent Signature		Date	