

Monthly Resource & Expenditure Statement Dependent Student 2022-2023

SCCC ID#: _____

Student' Name: _____

Please report the monthly dollar amoun reporting zeroes for all expenses and/or	resources, pleas	e ask them to pr	ovide an explanat	ion of how you support the family, in a	
signed and dated statement. We may re of this form.	quest document	ation to confirm	expenses and res	ources. You must <u>complete all sections</u>	
2020 MONTHLY EXPENSES PAID					
Expense	Monthly Expense Amount	Amount Paid By Parents	Amount Paid on Parent's Behalf	If paid on your parent's behalf, by whom. (List name & relationship to you) e.g. Paul Jones (Uncle)	
Rent/Mortgage & Property Taxes					
Utilities (phone, gas, electric, etc.)					
Food and Household Supplies					
Car, Gas, Insurance payments					
Public Transportation					
Health Insurance					
Child Care/Clothing					
Other					
Total					
advances, personal loans, savings, cash s provided per month.		MONTHLY RES		oport, list their name and amount	
Resources			Amount Per Month		
Total					
Total					
	CERTIFIC	ATION AND SI	GNATURES		
By signing this worksheet, I (we) certiwarning: If you purposely give false prison or both.	•		•	•	
Student Signature:				Date:	
Parent Signature:			Date:		