



Office of Student Financial Aid and Scholarship Services
 MSC 5100
 New Mexico State University
 P.O. Box 30001
 Las Cruces, NM 88003-8001
 Phone: 575-646-4105
 Toll Free: 877-278-8586

RESOURCE/EXPENSE FORM 2009-2010

NAME _____ Banner ID Number _____

Please list all of your Income Resources and amounts for the Year 2009, which should include any wages, welfare benefits (TANF, Food Stamps, Assisted Housing), child support received, financial aid, and any other dollars received.

| RESOURCE | DOLLAR AMOUNT |
|------------------------|----------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Resources | \$ _____ |

EXPENSES-YEAR 2009 – please list the dollar amount you will pay for the year:

| | |
|----------------|-----------------|
| Rent | \$ _____ |
| Food | \$ _____ |
| Utilities | \$ _____ |
| Education | \$ _____ |
| Medical/Dental | \$ _____ |
| Transportation | \$ _____ |
| Other | \$ _____ |
| Total | \$ _____ |

| | |
|------------------------|-----------------|
| Total Resources | \$ _____ |
| Minus | |
| Total Expenses | \$ _____ |
| Balance | \$ _____ |

By signing this worksheet, you certify that all the information reported on it is complete and correct.

Signature: _____ Date: _____