



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 2010-2011

NAME _____ Banner ID Number _____

Please list all of your Income Resources and amounts for the Year 2010, 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 2010 – 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: _____