2014-2015 Parent Statement of Support

Student Name: ________________________________  Kean ID #: ________________________  
Parent 1 Name: ________________________________  Parent 2 Name: ________________________

INSTRUCTIONS: Please read the instructions carefully before completing this form. Complete sections I, II, and III, as well as the certification section. Return the completed form to the above address within 10 days of receipt. Incomplete forms will not be processed and “zero” resources will not be accepted. If you have any questions concerning this form, please contact the Office of Financial Aid at (908) 737-3190 for more information. Once you submit this form, you cannot change any information reported on this form. There are no exceptions to this policy; therefore, be sure to complete this form accurately before you submit it for verification purposes.

Section I: 2013 Parent Monthly Paid Expenses - State the ACTUAL dollar amount you paid for each expense in 2013.

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Paid Amount Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home mortgage/Rental payments</td>
<td>$____________________</td>
</tr>
<tr>
<td>2. Real Estate taxes</td>
<td>____________________</td>
</tr>
<tr>
<td>3. Utilities (i.e., phone, gas, electric, water, heating, etc.)</td>
<td>____________________</td>
</tr>
<tr>
<td>4. Food and household supplies</td>
<td>____________________</td>
</tr>
<tr>
<td>5. Automobile loan payments</td>
<td>____________________</td>
</tr>
<tr>
<td>6. Automobile insurance, gas, maintenance, transportation</td>
<td>____________________</td>
</tr>
<tr>
<td>7. Life and health insurance</td>
<td>____________________</td>
</tr>
<tr>
<td>8. Medical expenses not covered by insurance</td>
<td>____________________</td>
</tr>
<tr>
<td>9. Child care/Day care</td>
<td>____________________</td>
</tr>
<tr>
<td>10. Clothing</td>
<td>____________________</td>
</tr>
<tr>
<td>11. Credit Cards</td>
<td>____________________</td>
</tr>
<tr>
<td>12. Miscellaneous- describe: __________________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Total Monthly Expenses**  
$____________________
Section II: 2013 Parent Monthly Resources

List the financial resources and the monthly dollar amounts that were used to meet the parental expenses listed on page 1. Be sure to include all resources such as wages, public assistance, child support, unemployment, disability, social security, pensions, non-educational veterans benefits, military or clergy allowances, cash support received, etc. Zero resources will not be accepted.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Amount per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______________________</td>
<td>$ _________________________</td>
</tr>
<tr>
<td>2. _______________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>3. _______________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>4. _______________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>5. _______________________</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

**Total Monthly Resources**

$ _________________________

Were any of the 2013 parent expenses paid by another person(s) or business:  Yes ___ / No ___
If yes, indicate dollar amount paid per month:  $____________

Section III: Parent Assets – List parent assets. Enter amount or zero where applicable.

1. Parent cash, savings, checking accounts  $__________________________
2. Parent other real estate and investments  $__________________________
3. Parent business (Net Value)  $__________________________

Certification

I/we certify that the information in Sections I, II, and III is correct and complete to the best of my (our) knowledge. Our signatures (student & parent(s)) indicate that I (we) have read the instructions on page 1 of this form and that the information submitted is accurate. This form may not be altered after submission. Please sign in ink.

Student Signature: ___________________________  Kean ID#: ____________   Date: _____________

Parent 1 Signature: ___________________________    Date: _____________

Parent 2 Signature:   __________________________    Date: _____________