



Kean University
Office of Financial Aid
1000 Morris Ave
Union, New Jersey 07083

2018-2019 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: 2016 Parent Monthly Paid Expenses - State the ACTUAL dollar amount you paid for each expense in 2016.

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

Section II: 2016 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.

	<u>Resources</u>	<u>Amount per Month</u>
1.	_____	\$ _____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
	<u>Total Monthly Resources</u>	\$ _____

Were any of the 2016 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, both 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: _____ Date: _____ Kean ID #: _____

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____