



STATEMENT OF INCOME AND EXPENSES

Purpose

This form provides the Financial Aid Office a detailed breakdown of your family's 2016 income and expenses. The information is requested because the total family income reported on your 2018-2019 FAFSA does not appear sufficient to meet the living expenses for the number of people reported in your household. **PLEASE FILL THIS FORM OUT DIGITALLY!**

Student Information

Last Name

First Name

Social Security Number

Phone Number

Date of Birth

WJU ID Number (last 5 digits)

Income

Do not leave any amount blank. If the amount is zero or not applicable, enter [\$0] for the amount. Please attach an additional page explaining any unique situations.

INCOME (list annual amounts for Jan 1, 2016– Dec 31, 2016)	Student/Spouse	Parent(s)
Income Earned from Work (gross amount)	.00	.00
Unemployment Compensation or Disability	.00	.00
Support from Parents/Relatives/Friends	.00	.00
Child Support Received	.00	.00
Alimony Received	.00	.00
Social Security Benefits	.00	.00
Pastoral or Military Housing/Living Allowance	.00	.00
Welfare	.00	.00
Food Stamps	.00	.00
OTHER INCOME (please specify)		
	.00	.00
	.00	.00
	.00	.00

TOTAL INCOME (2016)	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
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Personal Narrative:

Please provide a brief description of any income sources not reported above, or any other details which would assist us in further understanding your unique situation. **PLEASE BE DETAILED AND DO NOT LEAVE BLANK!**

(Please complete all information on the next page)

STATEMENT OF INCOME AND EXPENSES

Expenses

Do not leave any amount blank. If the amount is negative, zero or not applicable, enter [\$0] for the amount. Please attach an additional page explaining any unique situations.

EXPENSES (list annual amounts for Jan 1, 2016– Dec 31, 2016)	Student/Spouse	Parent(s)
Rent/Mortgage	.00	.00
Food	.00	.00
Utilities (electricity, gas, water, trash, etc.)	.00	.00
Telephone and/or Cell Phone	.00	.00
Clothing	.00	.00
Entertainment and Recreation	.00	.00
Medical, Dental, and Vision (insurance, medications, etc.)	.00	.00
Education (out-of-pocket tuition and books)	.00	.00
Child Care	.00	.00
Transportation		
Gas	.00	.00
Insurance	.00	.00
Car Payment	.00	.00
Other	.00	.00
OTHER EXPENSES (please specify)		
	.00	.00
	.00	.00
	.00	.00
	.00	.00
TOTAL EXPENSES (2016)	\$.00	\$.00

Note: If Total Income is less than Total Expenses, please attach a signed letter explaining how living expenses were paid. If a majority of the expenses are in someone else's name, please attach a signed letter explaining your situation.

Signatures

By signing this form, I/we certify that all of the information reported on this form and all supporting documents is true, accurate and complete. If requested, I agree to provide the Financial Aid Office with further proof of the information reported on this form. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student's Signature

Date

Parent or Spouse's Signature

Date