

## STATEMENT OF INCOME AND EXPENSES

### Purpose

This form is used to provide the Financial Aid Office a detailed breakdown of your family's 2009 expenses and income sources. The information is requested because the total family income reported on your 2010-2011 FAFSA does not appear sufficient to meet the living expenses for the number of people reported in your household.

### Student Information

Last Name	First Name	Social Security Number
Phone Number	Date of Birth	WJU ID Number (last 4 digits)

### Income

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

	Student/ Spouse	Parent(s)
<b>INCOME</b> (list annual amounts for Jan 1, 2009 – Dec 31, 2009)		
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
<b>OTHER INCOME</b> (please specify)		
	.00	.00
	.00	.00
	.00	.00
<b>TOTAL INCOME (2009)</b>	\$ .00	\$ .00

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, 2009 – Dec 31, 2009)	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
<b>Transportation</b>		
Gas	.00	.00
Insurance	.00	.00
Car Payment	.00	.00
Other	.00	.00
<b>OTHER EXPENSES (please specify)</b>		
	.00	.00
	.00	.00
	.00	.00
<b>TOTAL EXPENSES (2009)</b>	\$ <input style="width: 100px;" type="text" value=".00"/>	\$ <input style="width: 100px;" type="text" value=".00"/>

**Note:** If the Total Income is less than the Total Expenses, please attach a signed letter explaining how the 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