

**WILBERFORCE UNIVERSITY, WILBERFORCE
OFFICE OF STUDENT FINANCIAL SERVICES**

Special Circumstances Request

****Dependent Students (include student and parent information)
Independent Students (include student and spouse information)

2. Indicate your and your spouse's (or parent's) monthly expenses and resources.

- Itemize monthly expenses and list all sources of income. Enter -0- if none
- **If your monthly expenses exceed resources, you must include in your statement (Section 1) how you meet expenses at this time.**

<u>Expenses PER MONTH</u>		<u>Resources PER MONTH</u>	
Rent or Mortgage Payment	\$ _____	Net Income from employment	\$ _____
Clothing	\$ _____	Food Stamps	\$ _____
Utilities	\$ _____	Income from Work Study	\$ _____
Recreation	\$ _____	Interest from Dividend Income	\$ _____
Insurance (home/auto)	\$ _____	Disability Benefits	\$ _____
Food	\$ _____	TANF	\$ _____
Transportation (gas/maintenance)	\$ _____	Unemployment Benefits	\$ _____
Medical/Dental	\$ _____	Child Support	\$ _____
Child Care	\$ _____	SSI Benefits	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
Monthly Total	\$ _____	Monthly Total	\$ _____

3. Indicate your and your spouse's (or parent's) annual income information.

- Indicate the amount of income you received or plan to receive and provide documentation.

<u>Annual 2009 Income</u>		<u>Annual Current Year Earned/Projected</u>	
Gross Income from employment	\$ _____	Gross income from Employment	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Alimony	\$ _____	Alimony	\$ _____
Veteran's Benefits	\$ _____	Veteran's Benefits	\$ _____
Pensions/Dividends	\$ _____	Pensions/Dividends	\$ _____
Social Security/SSI	\$ _____	Social Security/SSI	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
Annual Total	\$ _____	Annual Total	\$ _____

- I certify that all information on this form is true and accurate.
- I understand I must promptly report **ANY CHANGES** in the information reported on this form and that such changes may increase, decrease or eliminate my financial aid eligibility.
- I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid received.

Student's Signature

Parent's Signature

Date