

Instructions: Based upon the federal estimate for the annual cost of living, the 2016 income you reported on your 18-19 FAFSA appears to be insufficient to support your household size. Please complete this form in order to clarify how you were able to meet the minimum annual cost of living. If you are married, you **must** include your spouse's income data as well. Do not leave any blanks on the form. If the answer is zero, write 0.

SECTION 1 – STUDENT’S INFORMATION (Please Print)

/XXX-XX-

Student Last Name _____ First Name _____ Last 4 of SSN# _____

SECTION 2# - YOUR AVERAGE MONTHLY LIVING EXPENSES IN 2016

List your average monthly living expenses in 2016, even if those expenses were not paid by you. If you are unsure of exact amounts, please use estimates. Include totals for all family members.

Housing (Rent/ Mortgage)	\$ _____/month	Transportation	\$ _____/month
Utilities (phone, electric etc)	\$ _____/month	Child Care	\$ _____/month
Food	\$ _____/month	Medical/ Dental	\$ _____/month
Clothing	\$ _____/month	Miscellaneous	\$ _____/month
		Total Monthly Expenses	\$ _____

SECTION 3* - YOUR AVERAGE MONTHLY INCOME IN 2016

List the average monthly income in 2016 for your (and your spouse's (if married)). If you are unsure of exact amounts, please use estimates.

Wages from All jobs	\$ _____/month	TANF/ Food Stamps/ WIC	\$ _____/month
Unemployment	\$ _____/month	VA Benefits	\$ _____/month
Pension/ Retirement	\$ _____/month	Child Support	\$ _____/month
Workman's Comp/ Disability	\$ _____/month	Alimony	\$ _____/month
Social Security	\$ _____/month	Cash gifts/ Personal Loans	\$ _____/month
Bills paid by others on your behalf	\$ _____/month	Other _____	\$ _____/month
		Total Monthly Income	\$ _____

***** Your average monthly income from Section 3* should be *GREATER THAN OR EQUAL TO* your average monthly living expenses in Section 2#. IF IT IS NOT, you must attach an explanation of how you met your average monthly expenses to this form. *****

I certify that I have not and am not required to file a 2016 Federal income tax return.

Student Signature _____ Date _____

SECTION 4 - CERTIFICATION

I certify that all the information provided here is true & complete to the best of my knowledge. I realize the Financial Aid Office may request additional documents to verify the data provided on this form.

Intentionally providing incomplete or inaccurate information may result in termination of your financial aid!!!

Student Signature _____ Date _____

Spouse's Signature (OPTIONAL) _____ Date _____

Return to: Wesley College Financial Aid, 120 N State Street, Dover DE 19901/ ☎: 302-736-2594