

Special Circumstance VERIFICATION OF INCOME-Dependent Student

The Office of Financial Aid at Methodist University is in the process of reviewing your request for special circumstances and has found that additional information is required in order to determine your eligibility.

Student's Name: _____ MU ID: _____

* PLEASE DO NOT LEAVE ANY SECTION BLANK * For items that do not apply, write "0" or "N/A"

ESTIMATED EXPENSES PER MONTH FOR 2018

Item	Parent(s) Estimated Cost Per Month	Name of Agency or Person Who Paid the Expense	Total Amount Paid Per Month	If Item is a bill, is it in parent(s) name- Yes or No
Rent and/or Mortgage	\$		\$	
Food (Do not include Food Stamps)	\$		\$	
Utilities (Electric, Gas, Water & Cable)	\$		\$	
Telephone/Cell phone	\$		\$	
Medical/Dental	\$		\$	
Child Support/Alimony	\$		\$	
Car payment	\$		\$	
Auto Insurance	\$		\$	
Clothing	\$		\$	
Entertainment/Recreation	\$		\$	
Miscellaneous (Identify Sources)	\$		\$	
Transportation	\$		\$	
Other	\$		\$	

ESTIMATED INCOME PER MONTH FOR 2018 (Please attach documentation for all sources of income)

Source of Income	Amount Received Per Month
Wages from employment: Employer/Self-employment (Please circle which applies)	\$
Child Support/Alimony Received (Please circle which applies)	\$
AFDC Benefits: LIST TYPE(S): _____	\$
Social Security/Social Security Disability (Please circle which applies)	\$
Worker's Compensation/Unemployment (Please circle which applies)	\$
Monetary gifts from family/friends	\$
Military or clerical housing, clothing, food, or cash (list cash value of benefit)	\$
Any other untaxed income: LIST SOURCE(S): _____	\$
Financial Aid refund utilized for living expenses (yearly)	\$

Certification – Read carefully before you sign.

We hereby certify that all information contained in this document, including the documentation is true and complete. We understand that if we are found to have knowingly or intentionally given false or fraudulent statements and/or documentation, eligibility for Federal and State student aid may be jeopardized and we may be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General.

Student Signature Date

Parent Signature Date

PLEASE RETURN TO:
Methodist University
Office of Financial Aid
5400 Ramsey Street
Fayetteville, NC 28311
Fax: 910-630-7285

If you have any questions please contact our office at (910) 630-7192/7193