



2022-2023 ACADEMIC YEAR
INCOME AND EXPENSE FORM

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how expenses are being met between July 1, 2022, and June 30, 2023. Please complete this form to allow SFS to more accurately evaluate and expedite the processing of your financial aid.

Please submit this document via My SFS Docs: udel.verifymyfafsa.com/account/login.

Form containing sections: Personal Information, Household Information, Dependent Students, Independent Students*, and a list of criteria for independent students.

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|--|-----------------------------|--|------------------------|---|
| Student Name | Date of Birth MM/DD/YYYY | | College Name | 2022-23 Grade Level (Fr, So, Jr, Sr) and Expected Graduation (MM/20YY) |
| | | Self | University of Delaware | |
| Family Members (parents, siblings, spouse, dependent children) | Date of Birth MM/DD/YYYY | Relationship to Student (parent, sibling, spouse, child) | College Name | 2022-23 Grade Level (Fr, So, Jr, Sr) and Expected Graduation (MM/20YY) |
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Income/Expenses
Please list monthly expense/income for both student and parent for a dependent student. Enter the student and spouse (if applicable) for an independent student.

| Monthly Expense (if no expense/income, enter "0") | Student | Parent/Spouse |
|--|---------|---------------|
| Rent/Mortgage If rent/mortgage is zero, please explain. | \$ | \$ |
| Utilities (electric, gas, water, etc.) | \$ | \$ |
| Telephone/Cell Phone | \$ | \$ |
| Medical/Dental Insurance | \$ | \$ |
| Car Payment | \$ | \$ |
| Car Insurance | \$ | \$ |
| Food/Groceries | \$ | \$ |
| Transportation (fuel, bus, train, etc.) | \$ | \$ |
| Clothing | \$ | \$ |
| Child Support Paid | \$ | \$ |
| Other (please explain) | \$ | \$ |
| Total Monthly Income/Expenses | \$ | \$ |
| X 12 = Total Yearly Income/Expenses | \$ | \$ |

| Monthly Income/Resources (if no expense/income, enter "0") | Student | Parent/Spouse |
|--|---------|---------------|
| Income from Work (gross amount) | \$ | \$ |
| Business Income | \$ | \$ |
| Unemployment Compensation | \$ | \$ |
| Social Security Benefit | \$ | \$ |
| Child Support Received | \$ | \$ |
| Worker's Compensation | \$ | \$ |
| Disability Benefits | \$ | \$ |
| Alimony | \$ | \$ |
| Welfare, AFDC, TANF | \$ | \$ |
| Housing Assistance | \$ | \$ |
| Food Stamps (SNAP) | \$ | \$ |
| Cash Assistance (from family and/or friends) | \$ | \$ |
| In-Kind Support (bills paid on your behalf by someone else, but not considered a loan) | \$ | \$ |
| Total Monthly Income/Resources | \$ | \$ |
| X 12 = Total Yearly Income/Resources | \$ | \$ |

Explanation of Situation (REQUIRED)

Please explain your situation. Include as much detail as possible about how your family covered housing, utilities, and other living expenses. An explanation is also required if few or no expenses were listed.

I certify that all information reported is complete and accurate to the best of my ability. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid. I also agree to provide additional documentation for the information provided on this form, if requested by Student Financial Services.

Student Signature

Date

Parent Signature (for dependent student)

Date