

**2018-2019 Income Validation Form  
DEPENDENT STUDENTS**

**DELAWARE VALLEY UNIVERSITY**

Office of Financial Aid  
700 East Butler Avenue  
Doylestown, PA 18901  
Phone: 215.489.2272

Email: [FinAid@delval.edu](mailto:FinAid@delval.edu)  
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**SECTION A. Student Information**


Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First Middle

The income you reported on your 2018-2019 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how you were able to provide for needs such as housing, food and utility bills during 2017.

**SECTION B. Federal Benefits Information**

If anyone in your household received benefits from any of the following programs in 2016 or 2017, check the box for each program that applies.

Medicaid                       Food Stamps (SNAP)                       TANF  
 Supplemental Security Income     Free or Reduced Price Lunch                       WIC  
 Social Security Benefit

 **If you checked at least one of the boxes above: STOP HERE, sign below, and submit this form to the Office of Financial Aid. You do not need to complete Sections B, C, or D.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION C. Summary of 2017 Living Expenses, Income, and Financial Resources**

**2017 Living Expenses**

	Parents
Rent/Mortgage	Per Year: \$
Utilities	Per Year: \$
Food	Per Year: \$
Transportation (gas, insurance, etc.)	Per Year: \$
Personal (clothing, dental)	Per Year: \$
Medical Insurance	Per Year: \$
<b>TOTAL EXPENSES 2017</b>	<b>Per Year: \$</b>

**2017 Income and Resources to Meet Expenses**

	Parents
Income Earned from Work (W-2, 1099)	Per Year: \$
Child Support received for all children	Per Year: \$
Social Security Benefits	Per Year: \$
Housing Allowances	Per Year: \$
Food Allowances	Per Year: \$
Other Living Allowances	Per Year: \$
<b>TOTAL INCOME 2017</b>	<b>Per Year: \$</b>

Name: \_\_\_\_\_

ID # : \_\_\_\_\_

### SECTION D. Explanation of Situation: How did your **Parent(s)** cover expenses?

Please explain your situation. Include as much detail as possible, clarifying how your **PARENT(S)** covered expenses such as housing, utilities, and other living expenses for 2017 (attach a separate sheet of paper if additional space is needed):

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### SECTION E. Certification Statement

I declare the information on this form is true, complete, and accurate to the best of my knowledge. I understand the information on this form will be used to verify the financial aid information provided and may require further follow up from the Office of Financial Aid. Upon review, the Office of Financial Aid may request additional information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_