

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

DELAWARE VALLEY UNIVERSITY

Office of Financial Aid
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Doylestown, PA 18901
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Federal School Code: 003252

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. **If you are not at least 24, married, and/or you have a dependent but did not provide at least 50% support for yourself and your dependent, you are not considered an independent student and must provide parent income information on the FAFSA.**

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 _____
 Spouse Signature (Optional) _____ Date _____

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

2017 Living Expenses

	Student & Spouse
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: \$
TOTAL EXPENSES 2017	Per Year: \$

2017 Income and Resources to Meet Expenses

	Student & Spouse
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: \$
TOTAL INCOME 2017	Per Year: \$

