



2024-2025 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, 2024, and June 30, 2025. 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.

Student Name	Date of Birth MM/DD/YYYY		College Name	2024-25 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	2024-25 Grade Level (Fr, So, Jr, Sr) and Expected Graduation (MM/20YY)

**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)	\$	\$
<b>Total Monthly Income/Expenses</b>	\$	\$
<b>X 12 = Total Yearly Income/Expenses</b>	\$	\$

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)	\$	\$
<b>Total Monthly Income/Resources</b>	\$	\$
<b>X 12 = Total Yearly Income/Resources</b>	\$	\$

**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 \_\_\_\_\_