



Office of Scholarships and
Financial Aid
Newark, DE 19716-6390

Phone: 302-831-2808
Fax: 302-831-3041
Web: www.udel.edu/finaid

Student Name _____

Student ID _____

2009-2010 Independent Income/Expense Verification

You, the student have indicated that you have dependents who live with you and who receive more than half of their support from you. In order to assist us in this review and expedite the processing of your financial aid, please complete the following worksheet and submit supporting documentation of your claim. Please provide a brief statement of how you met your expenses, and provide the information requested below:

Monthly Taxable Income for calendar year 2008

- ✓ Earned income from 2008 W-2 \$ _____
- ✓ Business Income earned \$ _____
- ✓ Unemployment Compensation \$ _____

Total Taxable Income \$ _____

Monthly Untaxed Income for calendar year 2008

- ✓ Welfare Benefits, TANF, AFDC \$ _____
- ✓ Social Security Benefits \$ _____
- ✓ Disability Benefits \$ _____
- ✓ Child Support \$ _____

Total Untaxable Income \$ _____

Monthly Untaxed Assistance for calendar year 2008

- ✓ Food Stamps \$ _____
- ✓ Housing Assistance \$ _____
- ✓ Cash from Family and Friends \$ _____
- ✓ In-Kind Support* \$ _____

***Bills in your name paid by someone else**

Monthly Expenses:

Rent	\$ _____	Cell Phone	\$ _____	Household Expenses	\$ _____
Clothing	\$ _____	Food	\$ _____	Misc. Expenses	\$ _____
Insurance	\$ _____	Car	\$ _____		

My signature denotes that all of the above information is true to the best of my knowledge.

Student Signature _____ Date _____