



Student Financial Services
Newark, DE 19716-6390

Phone: 302-831-2126
Fax: 302-831-3041
Web: www.udel.edu/sfs

Student Name _____

Student ID _____

2011-2012 Independent Income/Expense Verification

Please complete the following worksheet to assist us in verifying the information submitted on your FAFSA and expedite the processing of your financial aid. We need to determine how you met your expenses throughout the 2010 fiscal year. Please provide a brief statement of how expenses were met as well as the additional information requested below:

Monthly Taxable Income for calendar year 2010

- ✓ Earned income from 2010 W-2 \$ _____
- ✓ Business Income earned \$ _____
- ✓ Unemployment Compensation \$ _____

Total Taxable Income \$ _____

Monthly Untaxed Income for calendar year 2010

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

Total Untaxable Income \$ _____

Monthly Untaxed Assistance for calendar year 2010

- ✓ 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 _____