



Student Financial Services  
Newark, DE 19716-6390

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

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

## 2010-2011 Income/Expense Verification

Please complete this 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 your family met expenses throughout the 2009 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 2009

- ✓ Earned income from 2009 W-2 \$ \_\_\_\_\_
- ✓ Business Income earned \$ \_\_\_\_\_
- ✓ Unemployment Compensation \$ \_\_\_\_\_

**Total Taxable Income** \$ \_\_\_\_\_

### Monthly Untaxed Income for calendar year 2009

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

**Total Nontaxable Income** \$ \_\_\_\_\_

### Monthly Untaxed Assistance for calendar year 2009

- ✓ 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.

Parent Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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