



Student Financial Services
Newark, DE 19716-6390

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

Student Name _____

Student ID _____

2010-2011 Independent Income/Expense Verification

You have indicated that you have dependents who live with you and receive more than half of their support from you. Please complete the following worksheet so our office can determine how you met expenses throughout the 2009 fiscal year. Please provide a brief statement of how you met your expenses, and provide the 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 Untaxable 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.

Student Signature _____ Date _____