



Income and Expense Appeal Form

The income you reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how you will meet expenses from July 1, 2018 to June 30, 2019. Please complete this form in its entirety so we can better evaluate and expedite the processing of your appeal.

Section A-Personal Information

Last Name First Name M.I.

Student Identification Number

Phone Number:

Student Email Address: _____@udel.edu

Cell Phone:

Parent Email Address:

Current Grade Level:
(Freshman, Sophomore, Junior, Senior)

Expected Graduation Date: _____
mm/20YY

Date of Birth:
mm/dd/yyyy

Section B-Household Information

Dependent Students: List the people that your parent(s) will support between July 1, 2018 and June 30, 2019 (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.). Include the following:

- *Yourself and your parent(s)***, even if you do not live with your parents, **and**
- *Your parent(s)' other children if (a) your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or (b) the children would be required to give parental information when applying for federal student aid in 2018-2019, and*
- *Other people if they now live with your parent(s), and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.*

****If Biological parents are divorced, only list the family members and the parent you live with along with spouse if they have remarried. If Biological parents have never married but live together, please list both biological parents.**

Independent Students*: List the people that you (and your spouse) will support between July 1, 2018 through June 30, 2019. (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payment of college costs, etc.). Include the following:

- *Yourself (and your spouse, if you have one), and*
- *Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, and*
- *Other people if they now live with you and you will provide more than half of their support and you will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.*

Name

Student Id Number

*A student is considered independent if any of the following is true:

- Born before January 1, 1995
- Married Prior to submitting the FAFSA
- Will be working on a master’s or doctorate program at the beginning of the 2018-2019 school year.
- Currently on active duty for other than training purposes.
- Veteran of the US Armed Forces.
- Have Children or legal dependents(s) other than a spouse
- An orphan or ward of the court or in foster care at any time since you turned age 13.
- Emancipated Minor
- Legal guardianship
- Unaccompanied youth determined by high school or HUD on or after July 1, 2017
- At risk of homelessness determent determined by high school or HUD on or after July 1, 2017

Student’s Name	DOB: mm/dd/yyyy		College Name	Year in College for 2018-2019 and Expected Graduation mm/20YY
		SELF	University of Delaware	
Family Members (parents, siblings, spouse, and dependent children)	DOB: mm/dd/yyyy	Relationship to Student (parents, siblings, spouse and dependent children)	College Name	Year in College for 2018-2019 and Expected Graduation mm/20YY

Section C-Income/Expenses

Please list your **monthly** expense/income for both the student and parent* for a dependent student. Enter the student and spouse*, if applicable, for an independent student. **For any category in which you had no expense/income, please record “0”.**

Student	Monthly Expense (no expense/income enter “0”)	Parent/Spouse*
\$	Rent/Mortgage. If Rent/Mortgage is zero please explain:	\$
\$	Utilities (electric, water, gas)	\$
\$	Telephone/Cell Phone	\$
\$	Medical/Dental Health Insurance	\$
\$	Car Payment	\$
\$	Car Insurance	\$
\$	Food Groceries	\$
\$	Transportation (fuel, bus, train)	\$
\$	Clothing	\$
\$	Child Support Paid	\$
\$	Other: (Please Explain)	\$
\$	Total Monthly Expense	\$
	X 12	
\$	Total Yearly Expense	\$

Name

Student ID Number

Student	Monthly Income/Resources (no expense/income enter "0")	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 (please include any bills paid on your behalf by someone else, but not considered a loan?)	\$
\$	Total Monthly Income/Resources	\$
	X 12	
\$	Total Yearly Income/Resources	\$

Section D-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 under Expenses.

I certify that all information 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. Please note handwritten signature only. Both Parent and Student Signature are required for a dependent student.

Student Signature

Date

Parent Signature (Dependent Student)

Date