



Student Financial Services


Newark, Delaware 19716-6390

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**Income and Expense Worksheet-Dependent
Students 2018-2019 Academic Year**

 The **parent** must complete this form in its entirety. Incomplete answers will further delay the processing of your application. **Parent signature** is the only acceptable signature.

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how expenses were met for the 2016 Calendar year. Please complete this form so that we can better evaluate and expedite the processing of your financial aid.

Please send this document either by email, fax or mail, contact information is listed above.

A. Student Information	
Student Name: _____	Student ID Number: _____
Phone: _____	UD Email Address: _____@udel.edu

B. Expenses	
For any category in which you had no expense or resource, please record "0".	
2016 Parent Expenses	Monthly Expense
Rent/Mortgage*	\$
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	\$

*If Rent/Mortgage is zero, please explain:

Student Name: _____

Student ID: _____

C. Income	
For any category in which you had no expense or resource, please record "0" .	
2016 Parent (s) Monthly Income/Resources	Monthly Income/Resource
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 <i>(Please include any bills paid on your behalf by someone else, but not considered a loan)</i>	\$
Total Monthly Income/Resources	\$
	X12
Total Yearly Income/Resources	\$

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 for calendar year 2016. An explanation is also required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses attach 3 consecutive monthly statements from those accounts.

I certify that all information reported 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. Digital Signature NOT Accepted.**

Parent Signature

Date