



## 2026-2027 Academic Year Household Information Worksheet

Please submit this document via My SFS Docs: [udel.verifymyfafsa.com/account/login](http://udel.verifymyfafsa.com/account/login).

Student Information				
Name		UDID	UD Email	@udel.edu
Phone	Date of Birth MM/DD/YYYY		Parent Email	
Current Grade Level (Freshman, Sophomore, Junior, Senior)		Expected Graduation MM/20YY		
Household Information				
Dependent Students				
List the people that your parent(s) will support between July 1, 2026 and June 30, 2027. Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.) Include all of the following.				
<ul style="list-style-type: none"><li>• Yourself and your parent(s) even if you do not live with your parent(s)<ul style="list-style-type: none"><li>◦ If biological parents are divorced, only list the family members and the parent you live with (and spouse if they have remarried). If biological parents have never married but live together, please list both biological parents.</li></ul></li><li>• Your parent(s)' other children if your parents will provide more than half of their support from 7/1/26-6/30/27 or if the children would be required to give parental information when applying for federal student aid in 2026-27</li><li>• 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 7/1/26-6/30/27</li></ul>				
Independent Students*				
List the people that you (and your spouse) will support between July 1, 2026 and June 20, 2027. Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.) Include all of the following.				
<ul style="list-style-type: none"><li>• Yourself (and your spouse, if you have one)</li><li>• Your children, if you will provide more than half of their support from 7/1/26-6/30/27</li><li>• 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 7/1/26-6/30/27.</li></ul>				
Student Name	Date of Birth MM/DD/YYYY		College Name	2025-2026 Grade Level (Fr, So, Jr, Sr) and Expected Graduation (MM/20YY)
		Self	University of Delaware	
Family Members (parents, siblings, spouse, dependent children)	Date of Birth MM/DD/YYYY	Relationship to Student (parent, sibling, spouse, child)	College Name	2025-26 Grade Level (Fr, So, Jr, Sr) and Expected Graduation (MM/20YY)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_