



## 2020-2021 ACADEMIC YEAR INCOME AND EXPENSE WORKSHEET - INDEPENDENT STUDENT

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 2018 calendar year. Please complete this form to allow SFS to more accurately evaluate and expedite the processing of your financial aid.

Student must complete this form in its entirety, and handwrite signature on the signature line. Incomplete answers will further delay the processing of your application. A *handwritten student signature* is the only acceptable signature.

Please submit this document via email, fax, or postal mail. Contact information is listed above.

| Student Information   |                         |
|---|-------------------------|
| Name  | UDID UD Email @udel.edu |
| <b>Expenses</b> (For any category in which you had no expense please record "0".) |                         |
| 2018 Student/Spouse Expense Type  | Monthly Expense Amount  |
| Rent/Mortgage*  | \$                      |
| Utilities (electric, water, gas, etc.)  | \$                      |
| Telephone/Cell Phone  | \$                      |
| Medical/Dental Insurance  | \$                      |
| Car Payment   | \$                      |
| Car Insurance   | \$                      |
| Food/Groceries  | \$                      |
| Transportation (fuel, bus, train, etc.)   | \$                      |
| Clothing  | \$                      |
| Child Support Paid  | \$                      |
| Other (please explain)  | \$                      |
| <b>Total Monthly Expenses</b>   | <b>\$</b>               |
| <b>X 12 = Total Yearly Expenses</b>   | <b>\$</b>               |
| *If Rent/Mortgage is 0, please explain:   |                         |

|  |                                |
|--|--------------------------------|
| Student Name   | UDID                           |
| <b>Income</b> (For any category in which you had no income or resource, please record "0".)  |                                |
| 2018 Student/Spouse Income/Resource Type   | Monthly Income/Resource Amount |
| 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 (bills paid on your behalf by someone else, but not considered a loan)   | \$                             |
| <b>Total Monthly Income/Resources</b>  | <b>\$</b>                      |
| <b>X 12 = Total Yearly Income/Resources</b>  | <b>\$</b>                      |
| <b>Explanation of Situation (REQUIRED)</b>   |                                |
| <p>Please explain your situation. Include as much detail as possible about how your family covered housing, utilities, and other living expenses for calendar year 2018. An explanation is also required if few or no expenses were listed. If you used savings, lines of credit, etc, to meet your expenses, attach 3 consecutive monthly statements from those accounts.</p> |                                |

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. I also agree to provide additional documentation for the information provided on this form, if requested by Student Financial Services.

Student Signature

Date