



2020-2021 ACADEMIC YEAR - INCOME AND EXPENSE APPEAL FORM

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how expenses are being met between July 1, 2019 and June 30, 2021. Please complete this form to allow SFS to more accurately evaluate and expedite the processing of your financial aid.

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

Personal Information table with fields: Name, UDID, UD Email, Phone, Date of Birth, Parent Email, Current Grade Level, Expected Graduation

Household Information

Dependent Students

List the people that your parent(s) will support between July 1, 2020 and June 30, 2021. Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.)

- Yourself and your parent(s) even if you do not live with your parent(s)
o If biological parents are divorced, only list the family members and the parent you live with (and spouse if they have remarried).
• Your parent(s)' other children if your parents will provide more than half of their support from 7/1/20-6/30/21
• 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 7/1/20-6/30/21

Independent Students

List the people that you (and your spouse) will support between July 1, 2020 and June 20, 2021. Support includes money, gifts loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.)

- Yourself (and your spouse, if you have one)
• Your children, if you will provide more than half of their support from 7/1/20-6/30/21
• 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 7/1/20-6/30/21.

A student is considered independent if any of the following is true.

- Born before Jan 1, 1997
• Married prior to submitting the FAFSA
• Will be working on a master's or doctorate program at the beginning of the 2020-2021 school year
• Currently on active military duty for other than training purposes
• Veteran of the US Armed Forces
• Have children or legal dependents other than a spouse
• An orphan or ward of the court or in foster care at any time since turning age 13
• Emancipated minor
• Legal guardianship
• Unaccompanied youth determined by high school or HUD on or after July 1, 2019
• At risk of homelessness as determined by high school or HUD on or after July 1, 2019

Student Name	Date of Birth MM/DD/YYYY		College Name	2020-21 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	2020-21 Grade Level (Fr, So, Jr, Sr) and Expected Graduation (MM/20YY)

**Income/Expenses**  
Please list monthly expense/income for both student and parent for a dependent student. Enter the student and spouse (if applicable) for an independent student.

Monthly Expense (if no expense/income, enter "0")	Student	Parent/Spouse
Rent/Mortgage If rent/mortgage is zero, please explain.	\$	\$
Utilities (electric, gas, water 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)	\$	\$
Total Monthly Income/Resources	\$	\$
X 12 = Total Yearly Income/Resources	\$	\$

Monthly Income/Resources (if no expense/income, enter "0")	Student	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 Stomps (SNAP)	\$	\$
Cash Assistance (from family and/or friends)	\$	\$
In-Kind Support (bills paid on your behalf by someone else. but not considered a loan)	\$	\$
Total Monthly Income/Resources	\$	\$
X 12 Total Yearly Income/Resources	\$	\$

**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.

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

\_\_\_\_\_  
Parent Signature (for dependent student)

\_\_\_\_\_  
Date