

# 2020-2021 Institutional Income Validation Form **DEPENDENT STUDENTS**

## DELAWARE VALLEY UNIVERSITY

Office of Financial Aid  
700 East Butler Avenue  
Doylestown, PA 18901  
Phone: 215.489.2272

Email: [FinAid@delval.edu](mailto:FinAid@delval.edu)  
Fax: 215.489.4959  
Federal School Code: 003252

### SECTION A. Student Information

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First Middle

The income you reported on your 2020-2021 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how your family was able to provide for needs such as housing, food and utility bills during 2019.

### SECTION B. Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2018 or 2019, check the box for each program that applies.

- |   |  |                               |
|---|--|-------------------------------|
| <input type="checkbox"/> Medicaid                     | <input type="checkbox"/> Food Stamps (SNAP)          | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Free or Reduced Price Lunch | <input type="checkbox"/> WIC  |
|   | <input type="checkbox"/> Social Security Benefit     |                               |

### SECTION C. Number of Household Members and Number in College

Number of Household Members: List below the people in the parents' household. Include:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2020 through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA for 2020-2021. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2021.

Number in College: Include below enrollment information about any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020, and June 30, 2021. Include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Full Name | Age | Relationship  | College | Will be enrolled at Least Half Time (Yes or No) |
|-----------|-----|---------------|---------|---|
|           |     | <i>Self</i>   |         |   |
|           |     | <i>Parent</i> |         |   |
|           |     |               |         |   |
|           |     |               |         |   |
|           |     |               |         |   |
|           |     |               |         |   |
|           |     |               |         |   |
|           |     |               |         |   |

ID # : \_\_\_\_\_

## SECTION D. Summary of 2019 Living Expenses, Income, and Financial Resources

|                                       |              |   |              |
|---------------------------------------|--------------|---|--------------|
|                                       | Parents      |   | Parents      |
| Housing (Rent/Mortgage)               | Per Year: \$ | Income Earned from Work (W-2, 1099)     | Per Year: \$ |
| Utilities                             | Per Year: \$ | Child Support received for all children | Per Year: \$ |
| Food                                  | Per Year: \$ | Social Security Benefits                | Per Year: \$ |
| Transportation (gas, insurance, etc.) | Per Year: \$ | Housing Allowances                      | Per Year: \$ |
| Personal (clothing, dental)           | Per Year: \$ | Food Allowances                         | Per Year: \$ |
| Medical Insurance                     | Per Year: \$ | Other Living Allowances                 | Per Year: \$ |
| <b>TOTAL EXPENSES 2019</b>            | Per Year: \$ | <b>TOTAL INCOME 2019</b>                | Per Year: \$ |

**SECTION E.** Explanation of Situation: How did your **Parent(s)** cover expenses?

Please explain your situation. Include as much detail as possible, clarifying how your **PARENT(S)** covered expenses such as housing, utilities, and other living expenses for 2019 (attach a separate sheet of paper if additional space is needed):

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## SECTION F. Certification Statement

**I declare the information on this form is true, complete, and accurate to the best of my knowledge. I understand the information on this form will be used to verify the financial aid information provided and may require further follow up from the Office of Financial Aid. Upon review, the Office of Financial Aid may request additional information.**

Date \_\_\_\_\_

Date \_\_\_\_\_