

**2020-2021 Institutional
Income Validation Form
INDEPENDENT STUDENTS**

DELAWARE VALLEY UNIVERSITY

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

Email: 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 you were able to provide for needs such as housing, food and utility bills during 2019. **If you are not at least 24 years old, are not married, and/or do not have a dependent for whom you provide at least 50% support, you are not considered an independent student and must provide parent income information on the FAFSA.**

SECTION B. Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2017 or 2018, 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 student's household. Include:

- The student
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2020, through June 30, 2021, even if the children do not live with the student
- Other people if they now live with the student and the student or spouse provides 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>Spouse</i>		

ID #:

SECTION D. Summary of 2019 Living Expenses, Income, and Financial Resources	
2019 Living Expenses	2019 Income and Resources to Meet Expenses
<p>1. Housing: \$1,200</p> <p>2. Food: \$800</p> <p>3. Transportation: \$400</p> <p>4. Utilities: \$300</p> <p>5. Health Insurance: \$200</p> <p>6. Life Insurance: \$100</p> <p>7. Life Insurance Premiums: \$100</p> <p>8. Life Insurance Proceeds: \$0</p> <p>9. Life Insurance Proceeds: \$0</p> <p>10. Life Insurance Proceeds: \$0</p> <p>11. Life Insurance Proceeds: \$0</p> <p>12. Life Insurance Proceeds: \$0</p> <p>13. Life Insurance Proceeds: \$0</p> <p>14. Life Insurance Proceeds: \$0</p> <p>15. Life Insurance Proceeds: \$0</p> <p>16. Life Insurance Proceeds: \$0</p> <p>17. Life Insurance Proceeds: \$0</p> <p>18. Life Insurance Proceeds: \$0</p> <p>19. Life Insurance Proceeds: \$0</p> <p>20. Life Insurance Proceeds: \$0</p> <p>21. Life Insurance Proceeds: \$0</p> <p>22. Life Insurance Proceeds: \$0</p> <p>23. Life Insurance Proceeds: \$0</p> <p>24. Life Insurance Proceeds: \$0</p> <p>25. Life Insurance Proceeds: \$0</p> <p>26. Life Insurance Proceeds: \$0</p> <p>27. 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Dividends: \$800</p> <p>3. Interest: \$400</p> <p>4. Capital Gains: \$300</p> <p>5. Other Income: \$200</p> <p>6. Total Income: \$3,900</p> <p>7. Total Resources: \$3,900</p> <p>8. Total Expenses: \$3,900</p> <p>9. Surplus: \$0</p> <p>10. Deficit: \$0</p> <p>11. Surplus: \$0</p> <p>12. Deficit: \$0</p> <p>13. Surplus: \$0</p> <p>14. Deficit: \$0</p> <p>15. Surplus: \$0</p> <p>16. Deficit: \$0</p> <p>17. Surplus: \$0</p> <p>18. Deficit: \$0</p> <p>19. Surplus: \$0</p> <p>20. Deficit: \$0</p> <p>21. Surplus: \$0</p> <p>22. Deficit: \$0</p> <p>23. Surplus: \$0</p> <p>24. Deficit: \$0</p> <p>25. Surplus: \$0</p> <p>26. Deficit: \$0</p> <p>27. Surplus: \$0</p> <p>28. Deficit: \$0</p> <p>29. Surplus: \$0</p> <p>30. Deficit: \$0</p> <p>31. Surplus: \$0</p> <p>32. Deficit: \$0</p> <p>33. Surplus: \$0</p> <p>34. Deficit: \$0</p> <p>35. Surplus: \$0</p> <p>36. Deficit: \$0</p> <p>37. Surplus: \$0</p> <p>38. Deficit: \$0</p> <p>39. Surplus: \$0</p> <p>40. Deficit: \$0</p> <p>41. 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	Student & Spouse		Student & Spouse
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: \$
TOTAL EXPENSES 2019	Per Year: \$	TOTAL INCOME 2019	Per Year: \$

SECTION E. Explanation of Situation: How did you cover expenses?

Please explain your situation. Include as much detail as possible, clarifying how you 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 sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document.

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.

Student Signature (REQUIRED) _____ Date _____

Spouse Signature (OPTIONAL) _____ Date _____