2022-2023 Income Validation Form
DEPENDENT STUDENTS

DELAWARE VALLEY UNIVERSITY

Office of Financial Aid
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Doylestown, PA 18901
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Federal School Code: 003252

SECTION A. Student Information

Student Name _____ Student ID # _____
Last First Middle

The income you reported on your 2022-2023 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 2020.

SECTION B. Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2020 or 2021, check the box for each program that applies.

- ☐ Medicaid
- ☐ Food Stamps (SNAP)
- ☐ TANF
- ☐ Supplemental Security Income
- ☐ Free or Reduced Price Lunch
- ☐ WIC
- ☐ Social Security Benefit

If you checked at least one of the boxes above: STOP HERE, sign below, and submit this form to the Office of Financial Aid. You do not need to complete Sections C, D, or E.

Student Signature _____ Date _____

Parent Signature _____ Date _____

SECTION C. Summary of 2021 Living Expenses, Income, and Financial Resources

2021 Living Expenses

	Parents
Rent/Mortgage	**Per Year: $**
Utilities	**Per Year: $**
Food	**Per Year: $**
Transportation (gas, insurance, etc.)	**Per Year: $**
Personal (clothing, dental)	**Per Year: $**
Medical Insurance	**Per Year: $**
TOTAL EXPENSES 2021	**Per Year: $**

2021 Income and Resources to Meet Expenses

	Parents
Income Earned from Work (W-2, 1099)	**Per Year: $**
Child Support received for all children	**Per Year: $**
Social Security Benefits	**Per Year: $**
Housing Allowances	**Per Year: $**
Food Allowances	**Per Year: $**
Other Living Allowances	**Per Year: $**
TOTAL INCOME 2021	**Per Year: $**

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Name: _____ ID # :_____

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

Please explain your situation. Include as much detail as possible, clarifying how you r **PARENT(S)** covered expenses such as housing, utilities, and other living expenses for 2021 (attach a separate sheet of paper if additional space is needed):

SECTION E. 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 _____ Date _____

Parent Signature _____ Date _____