

# 2022-2023 Institutional Income Validation Form **DEPENDENT STUDENTS**

## DELAWARE VALLEY UNIVERSITY

Office of Financial Aid  
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### 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 your family was able to provide for needs such as housing, food and utility bills during 2021.

### 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.

- |   |  |                               |
|---|--|-------------------------------|
| <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, 2022 through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. 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, 2023.

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, 2022, and June 30, 2023. 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 # : \_\_\_\_\_

## 2021 Living Expenses

## 2021 Income and Resources to Meet Expenses

	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 2021</b>	Per Year: \$	<b>TOTAL INCOME 2021</b>	Per Year: \$

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 2021 (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 extend across the width of the page. There is no text 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.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_