

# 2022-2023 Income Validation Form INDEPENDENT STUDENTS

## DELAWARE VALLEY UNIVERSITY

Office of Financial Aid  
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Doylestown, PA 18901  
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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 you were able to provide for needs such as housing, food and utility bills during 2021. **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 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     |                               |



**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 \_\_\_\_\_

Spouse Signature (Optional) \_\_\_\_\_ Date \_\_\_\_\_

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

#### 2021 Living Expenses

	Student & Spouse
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: \$
<b>TOTAL EXPENSES 2021</b>	<b>Per Year: \$</b>

#### 2021 Income and Resources to Meet Expenses

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

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

Please explain your situation. Include as much detail as possible, clarifying how you 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 blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**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.**

Spouse Signature (OPTIONAL) \_\_\_\_\_ Date \_\_\_\_\_