



# Delaware State University

*Making our mark on the world*

## OFFICE OF FINANCIAL AID

### Verification of Low Income

Student's Name: \_\_\_\_\_ #D10 \_\_\_\_\_

You reported on the Free Application for Federal Student Aid (FAFSA) that you had either a low income or no income in 2009. After reviewing your Financial Aid Application, the Financial Aid Office is requesting further clarification on your income information for calendar year 2009 (**January 2009-December 2009**).

Please complete the following monthly expenses and income and return to the financial aid office when completed. **DO NOT LEAVE ANY LINE BLANK.** Indicate N/A for "not applicable".

|                                |       |        |
|--------------------------------|-------|--------|
| Electric/Gas                   | _____ | /Month |
| Food Expense (Not Food Stamps) | _____ | /Month |
| Phone Bill                     | _____ | /Month |
| Rent/Mortgage                  | _____ | /Month |
| Trash Removal                  | _____ | /Month |
| Water                          | _____ | /Month |
| Auto Payment                   | _____ | /Month |
| Auto Insurance                 | _____ | /Month |
| Cable/Satellite TV             | _____ | /Month |
| Cellular Phone/Pager Service   | _____ | /Month |
| Internet Service               | _____ | /Month |
| Other Expenses*                | _____ | /Month |
| *Please list type _____        |       |        |

Total Monthly expense for 2009 \_\_\_\_\_ X 12 = \_\_\_\_\_ (YEAR)

Did you receive food stamps in 2009?  Yes  No  
 Did you receive a section 8 housing subsidy in 2009?  Yes  No  
 Did you have bills in your name (as listed above) which were paid by someone else in 2008?  Yes  No

If yes, please place a check mark next to those bills listed above which were paid by someone else in 2009.

Please explain how you paid for the 2009 expenses listed above.

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Please explain how you are or will be supporting yourself (and your dependents) during the 2010-2011 school year.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date