

**2018-2019 Institutional  
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 2018-2019 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 2017. **If you are not at least 24, married, and/or you have a dependent but did not provide at least 50% support for yourself and your dependent, 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 2016 or 2017, 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

**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, 2018, through June 30, 2019, 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, 2019.

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, 2018, and June 30, 2019. 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>		

