



**WILMINGTON**  
**UNIVERSITY™**

**STUDENT FINANCIAL SERVICES**

**Office of Financial Aid**

220 Doberstein Admissions Center

320 N Dupont Highway

New Castle, DE 19720

**Fax:** (302) 328-8905

**Email:** [Finaid@wilmu.edu](mailto:Finaid@wilmu.edu)

## 2026-2027 Untaxed Income Worksheet

### Student Information:

\_\_\_\_\_  
Last Name                      First                      M.I.                      W00 \_\_\_\_\_  
Student I.D.

\_\_\_\_\_  
Address                      City                      State                      Zip code                      Phone Number

### Part 1:

The federal government requires that you submit this additional information because the income reported for your family on the FAFSA is extremely low based on your family size. Please use the following space to provide a summary of how your family meets its basic living expenses (housing, food, clothing, utilities, etc.) on a monthly basis, and then proceed to Part 2 of the form below.

\_\_\_\_\_  
\_\_\_\_\_

### Part 2:

Enter each dollar amount below as it applies to the student and the parent(s) whose information is on the FAFSA. If any item does not apply, enter a 0 where the amount is requested. If you paid or received the same dollar amount every month in 2024, multiply that amount by the number of months in 2024 you paid or received it. If you did not pay or receive the same amount each month in 2024, add together the amounts you paid or received each month. If more space is needed, provide a separate page with the student's name and WilmU ID# at the top. **THERE MUST BE DOLLAR AMOUNTS LISTED. IF THIS FORM IS SUBMITTED WITHOUT A DOLLAR AMOUNT, IT WILL BE CONSIDERED INCOMPLETE AND RETURNED TO YOU, THE STUDENT.**

***Payment to tax deferred pension and retirement savings plan:***

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

***Child Support Received:***

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

***Housing food & other living allowances paid to members of the Military, Clergy, and others:***

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

***Veteran's non-educational benefits***

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

***Emergency Rental Assistance, including payments for utilities or home energy expenses made to you or on your or your parents' behalf:***

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

**Other Untaxed Income** – income not reported above such as workers’ compensation, disability etc. Also include the untaxed portion of health savings accounts from IRS Form 1040-line 25. **DO NOT INCLUDE:** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, Workforce Investment Act educational benefits on-base military housing, or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

**Money received or paid on the student’s behalf-** e.g. bills paid for student or money received from the parent and is not reported anywhere else on this form or on the FAFSA

Student \$ \_\_\_\_\_

**Resources or benefits not appearing on the FAFSA, such as in-kind support from a relative or a government agency:**

Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

**Additional information:** Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student’s household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans’ education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount Received in 2024

**Additional Comments:**

---



---



---



---



---



---

Each person signing this form certifies that all of the information is complete and correct. If dependent, at least one parent must sign. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
Student’s Signature                      Date

\_\_\_\_\_  
Parent’s Signature                      Date  
(Dependent Students Only)