



Undocumented/DACA Student Financial Aid Application 2018-2019

Financial Aid Office ▪ 4001 W. McNichols Road ▪ Detroit, MI 48221
Phone: 313-993-3350 ▪ Fax: 313-993-3347 ▪ finaid@udmercy.edu

Student Name _____ ID _____

Address _____

Phone _____ Email _____

Note: Funding is limited. Awards will be made to qualified students on a first-come, first-served basis.

Complete the following questions based upon your household for the 2016 Tax Year.

What is your household annual income? \$ _____

What are your household monthly expenses? (x 12 months) \$ _____

Estimated annual tuition and fees \$28,000 - \$29,000 _____

Enter the amount of other scholarships you will receive \$ _____

Enter the amount of other resources/financial help you will receive \$ _____

Enter the monthly amount you and your family can pay (x 8 months) \$ _____

Enter additional assistance you will need for fall and winter semesters \$ _____

Did you or your parents file taxes in 2016? Yes No

If yes, provide a copy of your and your parent’s 2016 federal tax return(s). If no, please attach a written explanation, and provide copies of any W-2s or 1099s for 2016.

Personal and financial information submitted to the Financial Aid Office is confidential and will not be shared with other University of Detroit Mercy offices except on a need-to-know basis. We maintain physical, electronic, and procedural safeguards to protect your information.

Have you received Undocumented/DACA Student funds in the past? Yes No

Do you plan to live in the residence halls? Yes No

If yes, are you also requesting assistance for these costs? Yes No

*Continue to the back page. Answer all questions completely to expedite the processing of your application.
Missing information could delay the application review process.*

Student Name _____ ID _____

Indicate where you lived in 2016:

- Parent(s)
 Friend/Relative
 Rented Residence
 Owned Residence

Select all resources below from which the ___ student ___ parent(s) received their primary financial support in 2016:

- Student Loans
 Parent
 Friend/Relative
 SNAP Benefits (Food Stamps)
- Disability/SSI
 Savings
 Work
 Other _____

For each item below please state the **estimated** cost for the 2016 year and how the expense was paid. If you did not incur the expense, indicate N/A in the cost column. This form **must** be filled out entirely.

Annual Expense	Yearly Cost	Source of payments (i.e. relative, SNAP etc.)
Rent/Mortgage	\$	
Utilities (Gas, electric, water)	\$	
Food	\$	
Clothing	\$	
Household Maintenance (cleaning, laundry, etc.)	\$	
Health Care	\$	
Commuting cost (gas, oil, etc.)	\$	
Insurance (car/home)	\$	
Car Payment	\$	
Credit Card/loan payments	\$	
Tuition & Fees**	\$	
Child/Elder Care	\$	
Miscellaneous Personal Expenses	\$	

** Only include tuition and fees and books and supplies not paid by financial aid programs.

Explain how you supported yourself (or your family) and met your basic living expenses on your reported income.

By signing this worksheet, I certify that the information reported on the worksheet is complete and accurate. I will provide additional documentation that may be required.

Student Signature _____ Date _____

Parent Signature (Dependent Students Only) _____ Date _____