

Undocumented/DACA Student Financial Aid Application 2019-20

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

Name: _____ ID: _____

Address: _____ Phone: _____

_____ Email: _____

Please Note: Unfortunately, funds are limited and awards will be made to qualified students on a first-come/first-serve basis until funding is exhausted.

Please complete the following items, based upon your household for the 2017 Tax Year.

1. What is your household annual income? \$ _____
2. What are your household monthly expenses? (x 12 months) \$ _____
3. Estimated annual tuition, fees, and books cost: \$ _____
4. Enter the amount of other scholarships you will receive: \$ _____
5. Enter the amount of other resources/financial help you will receive: \$ _____
6. Enter the monthly amount you and your family can pay: (x 8 months) \$ _____
7. Enter any additional assistance you will need for fall and winter semesters: \$ _____

Did you or your parents file taxes in 2017? Yes No

If yes, please provide a copy of you and your parents 2017 federal tax return(s). If no, please attach a written explanation, and provide copies of any W-2s or 1099s for 2017.

All personal and financial information submitted to our office is confidential and will be shared with other University of Detroit Mercy offices on a need-to-know basis only. We maintain physical, electronic, and procedural safeguards to protect your private information.

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

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

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

*Please continue to the back page of this form. Answer all questions completely to expedite the processing of your application.
Missing information could create delays in the review of your application.*

Name: _____

Student ID: _____

1. Please indicate where you lived in 2017:

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

2. Please select all resources below from which the ___ student ___ parent(s) received their primary financial support in 2017:

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

3. For each item below please state the **estimated** cost for the 2017 year, and how the expense was paid. If you did not incur the expense, please 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.

4. Please 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 all the information reported on it is complete and correct. I will provide any additional documentation that may be required.

Student Signature: _____

Date: _____

Parent Signature (Dependent Student's only): _____

Date: _____