



University of the Incarnate Word
Office of Financial Assistance
Means of Support Form

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 San Antonio, TX 78209
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www.uiw.edu/finaid
 Revised 11/2021

Name _____ UIW ID _____

Address _____ City/Sate/Zip _____ Phone: _____

You indicated on your FAFSA that you are independent due to having children and/or legal dependents whom you support more than 50%, as defined by the Internal Revenue Service (IRS). Please complete the information below.

1. Please list the following information for each child/legal dependent whom you support (attach a separate sheet if more room is needed):

Name	Age	Relationship to You	Claimed on 2020 Tax Return

2. What is your current living arrangement?
- I am living independently with my child and/or legal dependent.
 - My child and/or legal dependent and I live with my parents.
 - My child and/or legal dependent and I are living with another relative or friend.
 - I do not live with my child and or legal dependent.
3. Did you file a federal tax return for 2020? _____ [] Yes [] No
- If Yes, you must utilize the DRT process to transfer your tax information into your FAFSA, if you have not already done so; OR provide an IRS Tax Return Transcript for 2020. You may request the transcript at www.irs.gov
 - If No, you must provide copies of all 2020 W2s
4. Do you currently work? _____ [] Yes [] No

If Yes, Name of Employer	Current Monthly Earnings

5. Please indicate any applicable source(s) of other income, and monthly amount(s) – do NOT include financial aid.

Source	Applicable	Monthly Amount
Child Support		
Cash Support from Family/Other person		
Government Assistance – WIC or SNAP		
Government Assistance – Housing/Other		
Other (please list):		

6. Please list monthly amounts for any/all expenses you are currently required to pay. If not applicable, indicate \$0.

Expense	Monthly Cost (or N/A)	Amount you Pay
Housing (rent or mortgage)		
Food (groceries, etc.)		
Personal Expenses (clothes, entertainment, etc.)		
Utilities (water, electricity, phone, internet, etc.)		
Vehicle Costs (payments, insurance, gas, etc.)		
Insurance (health, home, etc.)		
Debt (credit card, loans, etc.)		
Other obligations (please list):		

7. Please give a brief description of your current financial, living, and transportation circumstances. You may attach a separate sheet, if necessary. _____

After review of the information above, we will determine whether your situation meets the definition of support as defined by the Internal Revenue Service. A denial of the independent status will require that you correct your FAFSA to include parent information and a parent signature. Decisions made by the Office of Financial Assistance as to your dependency status are final.

Student Certification:

I certify that the information above is true and correct. Additionally, I understand that I am responsible for returning all financial aid monies received due to inaccurate, false, or misleading information provided on this form.

Signature _____ Date _____