

## University of the Incarnate Word Office of Financial Assistance 2018-2019 Student Dependency Status

(Black Ink Only)

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid Revised 10/2017

**CODE: DEPDIS** 

Student Name:	ID Number:	Phone:
The Department of Education considers a student to be order to verify your dependent/independent status, ple documentation.		
Is your father deceased?		[ ] Yes [ ] No
Is your father deceased?  If <b>yes</b> , attach copy of death certificate. Contact	us if unable to obtain document	ation.
Is your mother deceased?		[ ] Yes [ ] No
Is your mother deceased?  If <b>yes</b> , attach copy of death certificate. Contact	us if unable to obtain document	ation.
At any time on or after you turned age 13, were you in	foster care?	[] Yes [] No
If yes, attach documentation from your social v	vorker or court of law.	
At any time on or after you turned age 13, were you a	ward of the court?	[] Yes [] No
If yes, attach documentation from your county	social worker or court of law.	
Are/were you an emancipated minor as determined by	a court of law?	[] Yes [] No
If yes, attach documentation from a court of lav	w in your state of legal residence	<b>2.</b>
Are/were you in legal guardianship?  If <b>yes</b> , attach documentation from a court of law		[] Yes [] No
If <b>yes</b> , attach documentation from a court of lav are not the same status as legal guardianship in		e. Please note, joint conservatorships
After July 1, 2017 did you receive determination that y		
supporting and at risk of homelessness (e.g. McKinney If <b>yes</b> , attach a copy of the determination from	v-Vento)?	[] Yes [] No
Are you self-supporting and at risk of homelessness?		
If <b>yes</b> , attach a personal statement, a statement documentation.	irom a tmra party, along with al	ny avanable supporting
If none of the categories above apply to you, you are constraints parent signature on the FAFSA. Please go online to writing independent, you may submit a letter and documentatic Decisions made by the Office of Financial Assistance	ww.fafsa.ed.gov and correct you on of your specific situation to	r FAFSA. If you feel you are be considered for a possible override.
<b>Student Certification:</b>		
I certify that the information above is true and correct. financial aid monies received due to inaccurate, false,		
Student Signature:	Date:	