



**University of the Incarnate Word
Office of Financial Assistance
2018-2019 Means of Support Form**

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Revised 10/2017

(Black Ink Only)

CODE: SUPPOR

Student Name: _____ ID Number: _____

Address: _____ City/State/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 2016 tax return?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Did you work in 2016? _____ Yes No

3. Did you file a federal tax return for 2016? _____ 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 2016. You may request the transcript at www.irs.gov.
- If **No**, you must provide copies of all 2016 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cash Support from Family/Other person	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Government Assistance – WIC or SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Government Assistance – Housing/Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(two-sided document)

