



**University of the Incarnate Word
Office of Financial Assistance
2020-2021 Means of Support Form**

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(Black Ink Only)

CODE: SUPP01

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 2018 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 2018? _____ Yes No

3. Did you file a federal tax return for 2018? _____ 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 2018. You may request the transcript at www.irs.gov.
- If **No**, you must provide copies of all 2018 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	

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

Expense	Monthly Cost	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.

Student Signature: _____

Date: _____