



University of the Incarnate Word
Office of Financial Assistance
Request for Independent Status

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Revised 05/2024

Name _____ UIW ID _____

Instructions

Your dependency status may be evaluated if your family circumstances have resulted in a dissolution of the family and you are unable to live with or be supported by your legal parents. You must be prepared to demonstrate that you are self-sufficient and be able to document why your parents should not be required to contribute to your education. **The Office of Financial Assistance may request additional information or documents.**

Circumstances that do not merit a request for independent status are:

1. Parents refusing to contribute to the student's education.
2. Parents unwilling to provide information on the application or for verification.
3. Parents not claiming the student as a dependent for income tax purposes.

Step 1: Required Documentation

The following documents must be submitted with this form for consideration of your request for independent status. Failure to include all requested documentation will result in automatic denial of your override request.

1. 2024-2025 FAFSA

Complete the 2024-2025 FAFSA, without parental information, and electronically sign using your FSA ID.

2. Tax Documentation

Did you file a 2022 U.S. federal income tax return?

Yes. Submit a signed copy of your 2022 tax return.

No, but I earned income in 2022. Submit copies of your 2022 W-2s, 1099s, and/or equivalents

No, I had no 2022 earned income.

3. Personal Statement

A one to two-page personal statement of appeal indicating the reason for your request for independent status.

Provide specific examples of the events that led to your estrangement from your parents.

Your statement must also include the following:

- a. Description of the history of your relations with both biological/legal parents. Include stepparents if they are relevant to your issues with your parent(s); and
- b. Where and with whom you lived from the time you stopped living with your parents through now; and
- c. Who provided your financial support from the time you stopped living with your parents until now. If you did not receive any financial support from others, explain how you supported yourself (i.e., job, financial aid, food stamps, etc.).

4. Two Letters of Support

To be considered for independent status at UIW you will need to provide the following:

Provide two letters of support from parties who can confirm the dissolution of your relationship with your parent(s) by providing specifics about your family situation. These letters must be typed on official letterhead or with an attached business card and include the following: their signature, their current phone number, how they know you, and their knowledge of your situation.

- a. The first letter must be from an unbiased professional such as a doctor, psychiatrist, pastor, teacher, employer, high school guidance counselor, attorney, or police officer.
- b. The second letter may be from a friend, relative, neighbor, or anyone with knowledge of your situation.

Step 2: Student Information

1. When was the last time you:

- | | | |
|--------------------------|-----------------|-----------------|
| a. lived with | Parent #1 _____ | Parent #2 _____ |
| b. had contact with | Parent #1 _____ | Parent #2 _____ |
| c. received support from | Parent #1 _____ | Parent #2 _____ |

Current Income – Provide your average monthly income and identify the source(s) by name of employer and/or provider.

Income

| Type of Income | Amount Per Month | Source of Income |
|---------------------------------|-------------------------|-------------------------|
| Wages | \$ _____ | _____ |
| Savings/Investments | \$ _____ | _____ |
| Unemployment Benefits | \$ _____ | _____ |
| Social Security Benefits | \$ _____ | _____ |
| Welfare Benefits | \$ _____ | _____ |
| Cash | \$ _____ | _____ |
| Other (Specify) | \$ _____ | _____ |

Current Expenses – Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of the monthly amounts in the second column. In the “Source of Payment” column, provide the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter “Self” in the third column.

Expenses

| Type of Expenses | Monthly Cost | Source of Payment |
|-------------------------|---------------------|--------------------------|
| Housing | \$ _____ | _____ |
| Utilities | \$ _____ | _____ |
| Transportation | \$ _____ | _____ |
| Miscellaneous | \$ _____ | _____ |
| Education | \$ _____ | _____ |
| Other (Specify) | \$ _____ | _____ |

Step 4: Student Certification

By signing below I certify that:

- The information submitted for review is true and correct to the best of my knowledge.
- Providing false information may result in reduced eligibility, repayment of aid, or both.
- The status of the request will be emailed to my preferred email account as I have indicated on BannerWeb.
- I have read each section and have provided the required documentation. I understand that more documentation may be required upon request.

Student Signature: _____

Date: _____

Email Address: _____

Telephone Number _____

Please note: All signatures must be handwritten and in black ink only. Electronic/typed signatures and signatures made with an electronic pen will not be accepted. Please allow 3-5 business days for review.