University of the Incarnate Word
Office of Financial Assistance
2026-2027 Request for Independent Status

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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. **2026-2027 FAFSA**
   Complete the 2026-2027 FAFSA, without parental information, and electronically sign using your FSA ID.

2. **Tax Documentation**
   Did you file a 2024 U.S. federal income tax return?
   ☐ Yes. Submit a signed copy of your 2024 tax return
   ☐ No, but I earned income in 2024. Submit copies of your 2024 W2s, 1099s, and/or equivalents
   ☐ No, I had no 2024 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.