4301 Broadway, Box 308
San Antonio, TX 78209
Phone: (210) 829-6008
Fax: (210) 283-5053
finaid@uiwtx.edu
www.uiw.edu/finaid
Revised 02/2026
SUPP07

University of the Incarnate Word
Office of Financial Assistance
2026-2027 Means of Support Form

Name _____ UIW ID _____

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 2024 Tax Return?

2. What is your current living arrangement?
   - I am living independently with my child and/or legal dependent.
   - My child and/or legal dependent and I live with my parents.
   - My child and/or legal dependent and I are living with another relative or friend.
   - I do not live with my child and or legal dependent.
3. Did you file a federal tax return for 2024?_____[ ] Yes [ ] No
   - If Yes, please provide a **signed** IRS Tax Return for 2024. You may request a 2024 tax return transcript at www.irs.gov.
   - If No, you must provide copies of all 2024 W2s, 1099s, and/or equivalents.
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		
Cash Support from Family/Other person		
Government Assistance – WIC or SNAP		
Government Assistance – Housing/Other		
Other (please list):		

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

Expense	Monthly Cost (or N/A)	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 by adding parent contributor(s). You and your parents will need to provide consent to transfer tax information, sign the FAFSA with your FSA IDs, and submit it. 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.

Signature _____ Date _____

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.