

DOPD

**Document of Support for Parent's Dependent Form
2016-2017**

Purpose of Form

Generally, the Document of Support for Parent's Dependent Form is requested to confirm the household size of a dependent student's parent(s).

Typically, students who include the following individuals will be asked to complete and submit this form. Please note that this list is not all-inclusive and the individuals are listed in relation to the student.

1. Grandparent(s)
2. Siblings in graduate or professional school
3. Siblings born before January 1, 1993
4. Parent's partner or significant other
5. Other persons such as cousins, nieces/nephews, friend of the family

Please review the individuals listed on your CSS PROFILE or if applicable, the Household Size form, to determine the individual(s) in question. You may need to submit more than one form depending on who was included in the household.

General Instructions

In order to include a dependent in your parent's household, your parent must provide more than 50% of his/her support from July 1, 2016 to June 30, 2017. Support includes money paid directly to the individual, money paid on his/her behalf, and living space or food provided free of charge.

SECTION 1: MONTHLY INCOME AND SUPPORT

In this section, you should report the amount of income and support received by the individual. When reporting income and support, be sure to report all sources including those from foreign sources. If income and support was not or will not be regularly received each month during the given period, you should calculate and report the 12 month average. For example, if a lump sum payment of \$6,000 was received in only one month, then the 12 month average would equal \$500.

$$\$6,000 \text{ (lump sum payment) divided by } 12 \text{ (months)} = \$500 \text{ (12 month average)}$$

DOPD

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SECTION 2: MONTHLY EXPENSES

In this section, you should report the cost or cash value of each expense. Cash value is defined as the amount that a third party would pay to receive the same benefit. For instance, if the individual is living in your parent's home free of charge, the amount that a third party would pay to live in the space is the cash value of the housing benefit.

EXAMPLE

What is the monthly housing cost for the dependent?

Monthly Cost	Total cost or cash value	Portion of total provided by dependent	Portion of total provided by UVA student's parent(s)	Portion of total provided by Financial Aid/Veteran's Benefits	Portion of total provided by other: (indicate source)
Housing	\$350	\$250	\$100	\$	\$

If the individual's expenses are not covered by him/herself, your parent(s) or by financial aid/veteran's benefits, list the cost in the column "Portion of total provided by other." Please define "other" on the line in the column heading.

EXAMPLE

7. What are the monthly child care costs for the dependent?

Monthly Cost	Total cost or cash value	Portion of total provided by dependent	Portion of total provided by UVA student's parent(s)	Portion of total provided by Financial Aid/Veteran's Benefits	Portion of total provided by other: (indicate source)
Child Care Costs	\$650	\$	\$350	\$	\$300 <i>Noncustodial parent</i>

When reporting expenses, you should also calculate and report the 12 month average for expenses that are/were not incurred evenly each month. For example, if you made six monthly payments of \$500, you would list the expense as \$250 per month for the entire year.

Student Financial Services may request third-party documentation to confirm the values you report on your Document of Support for Parent's Dependent Form. Should you or a parent submit a form with incorrect information, you must also submit third-party documentation to confirm the correct values. Adjustments to a financial aid award as a result of submitting documentation to correct a Document of Support for Parent's Dependent Form are neither guaranteed nor immediate.

Forms received without the appropriate signature(s) or with missing information or missing pages are considered incomplete and must be resubmitted. This will delay the evaluation of your financial aid eligibility and the awarding of your financial aid.

IMPORTANT: ALL SECTIONS OF THIS FORM MUST BE COMPLETE BEFORE SUBMISSION.
INCOMPLETE FORMS WILL DELAY THE EVALUATION AND AWARDING OF YOUR FINANCIAL AID.

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Student's University ID: - or SIS ID:

SECTION 2: MONTHLY EXPENSES from July 1, 2016 to June 30, 2017

	COLUMN 2A	COLUMN 2B	COLUMN 2C	COLUMN 2D	COLUMN 2E
Monthly Cost	Total cost or cash value	Portion of total provided by dependent	Portion of total provided by UVA student's parent(s)	Portion of total provided by Financial Aid/Veteran's Benefits	Portion of total provided by other: (indicate source)
Utilities	\$	\$	\$	\$	\$
Transportation	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$
Personal Expenses	\$	\$	\$	\$	\$
Child Care Costs	\$	\$	\$	\$	\$

Monthly Cost	Please note that you may be asked to submit documentation of the dependent's housing expense.				
Housing	\$	\$	\$	\$	\$

Monthly Cost	Please note that you may be asked to submit documentation of the dependent's food expenses.				
Food Cost	\$	\$	\$	\$	\$

Monthly Cost	You must submit a copy of the dependent's tuition bill for 2016-2017.				
Education Expenses	\$	\$	\$	\$	\$

Total Monthly Expenses	COLUMN 2A TOTAL	COLUMN 2B TOTAL	COLUMN 2C TOTAL	COLUMN 2D TOTAL	COLUMN 2E TOTAL
Add values in each column to get the Dependent's total monthly expenses.	\$	\$	\$	\$	\$

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Student's University ID: - or SIS ID:

Will the dependent attend college in 2016-2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will/Did this dependent apply for or receive financial aid, fellowships, assistantships, or scholarships for 2016-2017? If you answer yes, you must submit a copy of the financial aid letter/scholarship notice for 2016-2017 or your application will be on hold until it is submitted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3: SUMMARY

Dependent's TOTAL MONTHLY INCOME from Section 1	\$ _____
Dependent's Total Monthly Expenses from Section 2	\$ _____ (COLUMN 2A TOTAL)
Portion of total expenses provided by UVA student's parent(s)	\$ _____ (COLUMN 2C TOTAL)

You may use this space to add any comments. Attach any additional documents.

CERTIFICATION STATEMENT: I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

STUDENT SIGNATURE _____ Date _____

PARENT SIGNATURE _____ Date _____

(Required for dependent students only)