

**DOSD Document of Support for Student's Dependent Form
2017-2018**

Purpose of Form

Generally, the Document of Support for Student's Dependent Form is requested to confirm an INDEPENDENT student's household size.

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. Parents or grandparents
2. Siblings
3. Other relatives such as cousins, nieces or nephews
4. Friends/friends of the family
5. The student's dependent(s) if the student is independent for financial aid purposes

Please review the individuals listed on your CSS PROFILE or if applicable, the Household Size form, to determine the individual(s) in question. You WILL NEED to submit this form for EACH individual you report as your dependent.

General Instructions

In order to include a dependent in your household, you must provide more than 50% of his/her support from July 1, 2017 to June 30, 2018. Support includes money paid directly to the individual, money paid on his/her behalf, living space and/or food provided free of charge for the individual reported.

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.

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

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 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 1:

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 you, the student	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	\$	\$	\$

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General Instructions (Continued)

If the individual's expenses are not covered by him/herself, by you, 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 2:

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 you, the student	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) <u>Noncustodial parent</u>
Child Care Costs	\$650	\$	\$350	\$	\$	\$300

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 Student's Dependent Form. Should you 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 Student'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:

Student's Full Name: _____
(LEGAL NAME - PRINT) first middle last

SECTION 1: MONTHLY INCOME AND SUPPORT for July 1, 2017 to June 30, 2018

Name of dependent			
Relation of dependent to student			
Will the dependent be living in the family home for more than six months between July 1, 2017 and June 30, 2018?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the dependent above employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the dependent listed above be employed Between July 1, 2017 and June 30, 2018?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SOURCE OF MONTHLY INCOME AND SUPPORT from July 1, 2017 to June 30, 2018			AMOUNT OF MONTHLY INCOME AND SUPPORT (if not applicable, put '0')
Dependent's monthly income earned from work			\$
Dependent's monthly assistance/cash from you, the student			\$
Dependent's Financial Aid/Veteran's Benefits			\$
Dependent's monthly income from Social Security and/or disability			\$
Dependent's monthly income from retirement/pension plans			\$
Dependent's monthly income from child support			\$
Other monthly cash received or money paid on their behalf NOT reported above (from family, friends, etc.)			
Please indicate the source(s): _____			\$
Add all income lines to get the Dependent's TOTAL MONTHLY INCOME			\$

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Student's University ID: - or SIS ID:

SECTION 2: MONTHLY EXPENSES from July 1, 2017 to June 30, 2018

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

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

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

Monthly Expense	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	COLUMN 2F 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 2017-2018?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will/Did this dependent apply for or receive financial aid, fellowships, assistantships, or scholarships for 2017-2018? If you answer yes, you must submit a copy of the financial aid letter/scholarship notice for 2017-2018 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 you, the student	\$ (COLUMN 2C TOTAL)

You may use this space to add any comments. Attach any additional relevant third-party documentation.

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 _____