

IDSU

## Independent Document of Support Form 2016-2017

### Purpose of Form

Generally, the Independent Document of Support Form is requested when a student reports zero income or very little income on the Free Application for Federal Student Aid (FAFSA). It may also be requested when a student reports receiving support from parents or others. This form is used to confirm all sources of income and support received during the 2015 calendar year and to document the student's expenses during the 2015 calendar year.

### General Instructions

#### **Section 1: Monthly Income, Support and Benefits for Calendar Year 2015**

In this section, report the amount of income and support received in 2015. Be sure to report all sources, domestic and foreign. If income and support was not received each month of the 2015 calendar year, you should calculate and report the 12 month average. For example, if a lump sum payment of \$6,000 was received in January, the 12 month average would equal \$500.

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

#### **Section 2: Monthly cash assistance from family and friends (exclude spouse and parents)**

If you received cash assistance from family and friends, include this in Section 2. This table allows you to report monthly amounts received by each source. In the example below, the student received a total of \$475 in support from family.

EXAMPLE

Name	Relation to student	Amount of monthly income and support
<i>George Glass</i>	<i>grandparent</i>	\$ 150
<i>Robin Hall</i>	<i>sibling</i>	\$ 325

#### **Section 3: Monthly Expenses**

In this section, report either the actual cost or cash value for each expense. The actual cost of an expense is the amount you paid (or another party paid on your behalf) for the expense. *Cash value* is the fair market value that a third party would pay to receive a benefit that you received free of charge. For instance, if you lived in your parent's home free of charge, you would report the fair market value which is the amount that a third party would pay to live in the space. As an independent student, you are required to report all forms of support that you received in 2015.

EXAMPLE

#### **What are your monthly transportation costs?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student):
Car payment	\$ 200	\$	\$ 200	\$	\$

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General Instructions (continued)

If your expenses are not covered by your earned income, 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

**What are your monthly food/grocery, personal and, if applicable, childcare expenses?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student): <i>Non-custodial parent</i>
Childcare	\$ 400	\$ 200	\$	\$	\$ 200

When reporting expenses, you should calculate and report the 12 month average for expenses that were not incurred each month of the 2015 calendar year. For example, if you made six monthly payments of \$500, you would list the expense as \$250 per month (6 X \$500 = \$3,000; \$3,000/12 months = \$250 monthly average).

Student Financial Services may request third-party documentation to confirm the values you report on your Independent Document of Support 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 an Independent Document of Support 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.

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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, SUPPORT AND BENEFITS FOR CALENDAR YEAR 2015**

Were you employed in 2015?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
SOURCE OF MONTHLY INCOME AND SUPPORT		AMOUNT OF MONTHLY INCOME AND SUPPORT			
Monthly income earned from work		\$			
Monthly income from social security and/or disability		\$			
Monthly income from child support		\$			
Monthly cash assistance from parents		\$			
Monthly cash assistance from family and friends other than parents <b>(Please complete Section 2 below if you receive this support)</b>		\$			
Monthly income from retirement/pension plans		\$			
Financial Aid/Veteran's Benefits		\$			
Other monthly cash received or money paid on your behalf not reported above List source(s): _____		\$			
Other monthly income not reported above List source(s): _____		\$			
<b>TOTAL MONTHLY INCOME AND SUPPORT</b>		\$			

FEDERAL BENEFITS		
Did any family member in the household receive:	<b>SNAP</b> (Supplemental Nutrition Assistance Program)	<input type="checkbox"/>
	<b>WIC</b> (Women, Infants and Children supplemental program)	<input type="checkbox"/>
	<b>TANF</b> (Temporary Assistance for Needy Families)	<input type="checkbox"/>
	<b>SSI</b> (Supplemental Security Income)	<input type="checkbox"/>
	<b>Free or reduced price lunch</b>	<input type="checkbox"/>

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**SECTION 2: MONTHLY CASH ASSISTANCE FROM FAMILY AND FRIENDS (exclude spouse and parents)**

Name	Relation to student	Amount of monthly income and support
		\$
		\$
		\$

**SECTION 3: MONTHLY EXPENSES FOR CALENDAR YEAR 2015**

HOUSING									
<b>In 2015, did you:</b>	Own a home?	<input type="checkbox"/>	Dates:						
	Rent?	<input type="checkbox"/>	Dates:						
	Live with parents? (Include cash value below—see instructions)	<input type="checkbox"/>	Dates:	Will you live with them during the 2016-2017 academic year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Live with someone else? If so explain relationship: _____	<input type="checkbox"/>	Dates:						
Is your name listed on your rental agreement or mortgage?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<b>Total cost or cash value of housing</b>	<b>Portion of total provided by student income</b>	<b>Portion of total provided by parent(s)</b>	<b>Portion of total provided by financial aid/veteran's benefits</b>	<b>Portion of total provided by other (Please list relationship to student):</b> _____					
\$	\$	\$	\$	\$					

**What are your monthly food/grocery, personal and, if applicable, childcare expenses?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student): _____
Food/groceries	\$	\$	\$	\$	\$
Personal expenses	\$	\$	\$	\$	\$
Childcare	\$	\$	\$	\$	\$

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**What are your monthly utility costs?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student):
Water/Sewage	\$	\$	\$	\$	\$
Phone/Cell phone	\$	\$	\$	\$	\$
Cable/Internet	\$	\$	\$	\$	\$
Electricity	\$	\$	\$	\$	\$
Natural Gas/Oil	\$	\$	\$	\$	\$

**What are your monthly transportation costs?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student):
Car payment	\$	\$	\$	\$	\$
Maintenance	\$	\$	\$	\$	\$
Fuel	\$	\$	\$	\$	\$
Fares	\$	\$	\$	\$	\$

**What are your monthly education expenses?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student):
Tuition and Fees	\$	\$	\$	\$	\$
Books	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

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**What are your monthly insurance costs?**

Expense	Total cost or cash value	Portion of total provided by student income	Portion of total provided by parent(s)	Portion of total provided by financial aid/veteran's benefits	Portion of total provided by other (Please list relationship to student):
Health/Dental/Vision Insurance	\$	\$	\$	\$	\$
Automobile Insurance	\$	\$	\$	\$	\$
Homeowners/Rental Insurance	\$	\$	\$	\$	\$
Life Insurance	\$	\$	\$	\$	\$

<p>Do your monthly expenses exceed your monthly income and support?  <b>If YES</b>, please include a signed statement with any relevant details, including how you are able to meet your expenses. If you are using a loan or credit card(s) to meet your expenses, you must also submit the loan promissory note or credit card statement(s) to verify this.</p>	<p align="center"> <input type="checkbox"/> Yes                      Include statement, attach additional pages if necessary                 </p>	<p align="center"> <input type="checkbox"/> No                 </p>
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**If you are required to (or would like to) include a written explanation of your circumstances, please do so here. Attach additional pages if necessary.**

**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 \_\_\_\_\_