

IDSU

**Independent Document of Support Form
2021-2022**Purpose of Form

Generally, the Independent Document of Support Form is requested to provide a more detailed picture of your and, if applicable, your spouse's financial strength. This form collects information about income received in 2019 as well as some of the most common expenses that may have been incurred in 2019.

Students are considered independent for financial aid purposes if they meet one of the following criteria: you were born prior to January 1, 1998, you can answer "yes" to any 2021-2022 FAFSA dependency question (described here: <https://studentaid.ed.gov/sa/fafsa/filling-out/dependency#dependent-or-independent>), or a dependency appeal was approved by Student Financial Services.

General Instructions

Students who are married must report their spouse's income as well as their own. For each field, report the appropriate values from the 2019 calendar year. Be sure to report all sources of income, whether domestic or foreign.

Independent students must report *student/spouse* expenses for 2019. Carefully read each item and report monthly expenses where appropriate. Multiply all monthly expenses by 12 to calculate the annual amount. If a monthly expense was not incurred for all 12 months of 2019, provide only the total amount for that particular expense in 2019 and **provide a statement explaining the situation**. For example, if car payments were made for only 6 months instead of 12 because the car was paid off after 6 months, provide a statement to clarify.

If your 2019 expenses exceeded your 2019 reported income, you must provide a written explanation of how you and/or your spouse were meeting expenses. Forms showing greater total expense than income and received without a written explanation will be considered incomplete. If you wish to provide any additional information regarding your or your spouse's financial circumstances, please submit it along with this form.

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/pages are considered incomplete and must be resubmitted. **Do not leave any questions blank.** Enter "0" or "N/A," if appropriate. Submitting incomplete forms or documents 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

SECTION1: INCOME AND SUPPORT for calendar year 2019

Report Values for Calendar Year 2019 only (enter "0" or "N/A", if appropriate)	Annual Amounts (please leave no blanks)	
	Student	Spouse
Adjusted Gross Income as reported on 2019 tax return (if you will not file 2019 taxes or haven't done so yet, report total wages earned from work in 2019)		
If self-employed or a business owner, indicate withdrawals from a business used in 2019 to meet household or personal expenses. (do not include amounts already reported above, in Adjusted Gross income)		
Payments to tax-deferred pension and retirement savings plans in 2019		
Total contributions to Flexible Spending Accounts in 2019		
Alimony received in 2019 (exclude if already reported on 2019 tax return and included in AGI above)		
Spousal support received by you or your spouse in 2019 (exclude child support reported above and alimony reported on this form <u>or</u> included in AGI above; include support such as mortgage, rent, auto, utilities, insurance, education, etc. paid on behalf of student or spouse)		
Untaxed distributions from retirement plans received in 2019 – e.g., Pension/IRA/401k (exclude taxed portion of distributions if already reported on 2019 tax return and included in AGI above)		
Child support received in 2019 for <u>all</u> children in the household		
Did any family member in the household receive Social Security benefits including Social Security retirement and/or SSDI? Submit copies of all 2019 SSA-1099s for each person in the household who received this type of income/benefit, and list <i>the total amount of all benefits</i> in the column at right; then list recipient(s) & relationship(s) to student: _____ _____		
On-base military housing or the value of a basic military allowance for housing (submit copy of final Leave and Earnings (LES) statement of 2019)		
Housing, food and other living allowances paid in 2019 by your or your parent(s)'s employer (exclude the value of on-base military housing or of a basic military allowance for housing listed above)		
Value of employer-provided housing (vs. housing allowance noted above)		
Veterans non-education benefits received in 2019 (e.g., Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances)		



Student Financial Services

P.O. Box 400204, Carruthers Hall
Charlottesville, VA 22904-4204
Telephone: (434) 982-6000
Website: <http://sfs.virginia.edu>

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 Student's University ID: - or SIS ID:
SECTION 1: INCOME AND SUPPORT for calendar year 2019 (CONTINUED)

Report Values for Calendar Year 2019 only <small>(enter "0" or "N/A", if appropriate)</small>	Annual Amounts <small>(please leave no blanks)</small>	
	Student	Spouse
Total <i>loans</i> received in 2019 from family and friends, including those living outside the U.S.		
Total <i>cash assistance</i> (excluding any loans noted above) received in 2019 from family and friends, including those living outside the U.S.		
Merit- or need-based financial aid received in 2019		
Veterans educational benefits received in 2019		
Expenses paid in 2019 <i>by someone else, on your behalf</i> , including those related to mortgage, rent, automobile, utilities, education, or insurance. These would be expenses <i>paid by another person, such as a parent, friend or relative. (Do not include any alimony or spousal support already reported on the previous page)</i> Include any distributions to the student from an educational savings plan, such as a 529 plan, if it is <u>owned by someone other than you/your spouse.</u> Note: If you are living rent-free with others, do not include the value of your housing here. Instead, report the value of this benefit in the appropriate table on page 4.		
Other income received in 2019 not otherwise reported (e.g., worker's compensation, disability, untaxed portions of health savings accounts from Schedule 1 Line 12 of the 2019 IRS Form 1040, Black Lung Benefits, etc.) List source(s): _____ _____		
Total Income in 2019 (MUST include values from previous page)	\$	\$

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SECTION 1: INCOME AND SUPPORT for calendar year 2019 (CONTINUED)

Please indicate with a check mark below if any family member in the household received any of these benefits in 2019.			Report total annual amount received by your family in 2019 from each source
SNAP (Supplemental Nutrition Assistance Program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
WIC (Women, Infants and Children supplemental program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Medicaid/SSI (Supplemental Security Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Free or reduced price lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other benefit (such as subsidized housing) List source(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

Did you or your spouse own a home, pay rent, or live rent-free with others (including parents) in 2019? Please check appropriate box, at right.	Own home	<input type="checkbox"/>	Pay Rent	<input type="checkbox"/>	Live rent-free with others*	<input type="checkbox"/>
*With whom did you or your spouse live rent-free? <i>If you or your spouse lived rent-free in 2019, you must provide the approximate monthly value of the housing, based on the amount a third party might pay if they were occupying and paying for the same amount of space. Enter that value in highlighted box to the right.</i>					\$ /month (Exclude values reported elsewhere on form)	
Did you live with your parents during the 2019 calendar year? (If you did not live with your parents for the entire year, please include a detailed breakdown of your housing arrangements in 2019.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Do you plan to live with your parents while attending classes during the 2021-2022 academic year? (If you do not plan to live with your parents for the entire academic year, please include a detailed breakdown of anticipated housing arrangements for the 2021-2022 academic year.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

If there are any special circumstances regarding your sources of income and support, please note them here:

(Expenses noted on next page)

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 Student's University ID: - or SIS ID:
SECTION 2: EXPENSES for calendar year 2019

Report Values for Calendar Year 2019 only	Expenses <small>(report total of student and, if applicable, spouse expenses)</small>	
	Monthly	Annual Total
Primary housing (mortgage, rent or monetary value of housing if living rent-free with others)	X12	
Primary housing real estate and/or property tax paid in 2019 (do not report if already included in mortgage payments)	X12	
Homeowner's/Renter's Insurance paid in 2019 (do not report if already included in mortgage payments)	X12	
Combined utilities paid (electric, gas, internet/cable, landline phone service, water)	X12	
Cell phone bill payments	X12	
Combined car payments for all vehicles	X12	
Auto insurance paid in 2019 for all vehicles	X12	
Other insurance payments not noted above (health insurance, life insurance, etc., but excluding employer-paid premiums)	X12	
Transportation costs (bus/train fares, fuel expenses, car maintenance, etc.)	X12	
Food and grocery expenses	X12	
Medical expenses paid out of pocket (medication, dentist or doctor visit, etc.)	X12	
Child/dependent care expenses	X12	
Household/personal expenses	X12	
Entertainment/leisure/membership expenses	X12	
Consumer debt payments (home equity, credit card, other loans, excluding any household or other expenses already noted above)	X12	
Education expenses paid out of pocket	X12	
Other monthly expenses not listed above: <input style="width: 90%; border: none;" type="text"/>	X12	
Total Expenses in 2019 (MUST include values from previous page)	\$	\$



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<p><i>Did your and/or your spouse's 2019 expenses exceed 2019 income?</i> If YES, please attach a signed statement with any relevant details, including how you (and your spouse, if applicable) were able to meet your 2019 expenses. In addition to explaining how you (and your spouse, if applicable) were meeting 2019 expenses, you may provide any additional information concerning your income and/or expenses that you wish to share with us. If you (and your spouse if applicable) used a loan or credit card(s) to meet expenses, you must also submit a copy of the loan promissory note or credit card statement(s) to verify this.</p>	<p><input type="checkbox"/> Yes Statement is REQUIRED. Please attach signed statement to this form.</p>	<p><input type="checkbox"/> No</p>
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If there are any special circumstances regarding your expenses, please note them here:

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. The student must sign and date this form.

STUDENT SIGNATURE _____ Date _____