



Office of Financial Aid

## DEPENDENCY CHANGE REQUEST FORM

**Student Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Financial Aid applicants who do not meet the definition of an independent student as defined by the U.S. Department of Education who believe that they are independent should read and complete this form. The description below is from the Financial Aid Handbook, published from the U.S. Department of Education. It describes how a financial aid administrator may perform a dependency override.

“The Higher Education Act allows an aid administrator to make dependency overrides on a **case-by-case** basis for students with unusual circumstances. If the administrator judges that an override is appropriate, he/she must write a statement detailing the determination, and must include the statement and supporting documentation in the students file. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:**

- Parents refuse to contribute to the student’s education;
- Parents are unwilling to provide information on the application or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.”

*(2011-2012 U. S. Department of Education SFA Handbook - Chapter 2 Filling Out the FAFSA. AVG – 24 & 25)*

If you do not meet the Department of Education’s definition of an independent student and are claiming to be independent, please complete the attached forms and submit them with all of the required documentation which is listed below. This form and documentation will be reviewed by the Financial Aid Administrator. All decisions made by the administrator are final.

1. Complete the attached “**Student Information/Statement**” form. Documentation supporting any claims made to support dependency override request must be provided.  
For Example:
  - If your parents are deceased, please provide Death Certificates or other official documentation that will show that they are deceased.
  - If you have been legally separated from your parents, please provide copies of court orders
2. **Three references:** These have to be from individuals who know and can verify your situation. References must be submitted from three of the following persons and must be notarized:  
Parent(s), Close relative (other than parent) with whom you are not presently living, High School Teacher, High School Counselor, High School Principal, High School Superintendent, Person(s) with whom you reside, Pastor, Attorney, Homeless shelter liaison, HUD emergency shelter/transitional program representative, Runaway homeless youth basic center director.
3. **Please submit the following to our office:**
  - Student’s 2008/2009/2010 Income Tax Returns, or W-2s if non filer (If applicable)
  - Parent(s) 2008/2009/2010 Income Tax Returns

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# STUDENT INFORMATION STATEMENT FORM

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Where are your parents currently residing?

Father's Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

2. Why do you believe that you should be considered independent? Please provide an additional sheet if you need additional room for your answer. Please be sure to read the instructions on page one before answering this question, and remember that documentation is **REQUIRED**.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How are your living expenses (food, clothes, shelter) paid for, and if you do not completely support yourself, who does?

\_\_\_\_\_

\_\_\_\_\_

4. Please list your sources and amounts of income and/or resources from the time that you stopped receiving support from your parents/court or others for the year 2004, whichever is later.

| Year                | 2008  | 2009  | 2010  |
|---------------------|-------|-------|-------|
| Income/wages        | _____ | _____ | _____ |
| Savings             | _____ | _____ | _____ |
| Soc. Sec. Benefits  | _____ | _____ | _____ |
| AFDC                | _____ | _____ | _____ |
| Unemployment        | _____ | _____ | _____ |
| Support from Others | _____ | _____ | _____ |
| Other               | _____ | _____ | _____ |

I hereby certify that the above information is true and complete to the best of my knowledge. I also acknowledge that it is my responsibility to check on the final result of this professional judgment. I UNDERSTAND THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED, AND THAT IT IS MY RESPONSIBILITY TO BE SURE THAT THE APPLICATION IS COMPLETE BEFORE I SUBMIT IT TO THE OFFICE OF FINANCIAL AID.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Office of Student Financial Aid

## REFERENCE FORM

Name of Applicant: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_
2. With whom does the applicant reside? \_\_\_\_\_
3. Please explain what you know about the applicant's situation in detail in a letter. Please seal the letter in an envelope and attach the envelope to the back of this form. Please address the facts related to the student's claim that he or she is independent. This is NOT a reference about the student's character, or their commitment to getting an education, statements to that effect will not have any bearing on the administrator's decision.

I certify that all the information on this form and in my letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Signature of reference: \_\_\_\_\_

Title of relationship to applicant: \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
Home Cell

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Office of Student Financial Aid

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\_\_\_\_\_

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Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
Home Cell

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Home

Cell

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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