



2023-2024 DEPENDENCY STATUS APPEAL

In order for the Financial Aid Office to consider your request for a "Dependency Override/Dependency Status Appeal" **you must complete this form and provide the following documentation:**

- A personal letter of appeal explaining the reason for your request for a dependency override.** The letter should be 1-2 pages and provide as much detail as possible describing your separation from your parents. You are required to include the following information:
 - ✓ The whereabouts of your biological father and his current living arrangements. Include the last contact you had with your biological father and the frequency of contact with him over the past five (5) years.
 - ✓ The whereabouts of your biological mother and her current living arrangements. Include the last contact you had with your biological mother and the frequency of contact with her over the past five (5) years.
 - ✓ A statement explaining why you cannot provide parental financial information on the 2023-24 Free Application for Federal Student Aid (FAFSA).
 - ✓ Your living arrangements over the past five (5) years. This may include, but is not limited to: With whom have you resided? Who has provided support to you over the past five (5) years?
 - ✓ Your name, Social Security number, and signature.
- Letters from two individuals who can attest to your situation.** Their letters should be 1-2 pages and provide as much detail as possible describing your separation from your parents.
 - ✓ The 1st letter should be from a professional individual not related to the student (counselor, social worker, clergy, police).
 - ✓ The 2nd letter can be from either a professional or nonprofessional individual.
 - ✓ Each letter must include the individual's name, title/position, address, phone number, email address and **must be signed**.
 - ✓ The individuals cannot be related to each other AND must reside at separate addresses.
- A copy of the student's 2022 tax return. If you do not file taxes we will require a signed statement of non-filing.**
- A completed and signed 2023-2024 Verification Worksheet.**

All completed documents must be submitted to the Financial Aid Office **within two weeks**. If appeal is submitted incomplete it will not be processed.

PLEASE COMPLETE THE FOLLOWING:

Please print clearly. Do not leave any item blank.

Last Name First Name M.I. Date of Birth Phone Number

- Did anyone claim you on their 2022 Federal Income Tax Return?
 - No
 - Yes Person's Name: _____
Relationship to you: _____
- Did anyone claim you on their 2021 Federal Income Tax Return?
 - No
 - Yes Person's Name: _____
Relationship to you: _____

This is a two-page document. Both pages must be completed prior to processing.

3. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2020?

No

Yes List the name(s) of the source: _____

How much was received **PER MONTH** in 2021: _____

Number of months you received assistance in 2021: _____

4. Provide the following information (you may be asked to provide documentation) about your expenses **PER MONTH** in 2021. If any amounts are zero, explain the reason.

2020 Expenses (per Month)	Amount	Who Paid?
Housing (rent/mortgage)	\$	
Child Care	\$	
Food	\$	
Utilities	\$	
Credit Card(s)	\$	
Medical/Dental	\$	
Clothing	\$	
Auto (car payments, insurance, maintenance)	\$	
Other personal expenses	\$	
Total Monthly Expenses	\$	
Total Monthly Expenses x 12	\$	per year

SIGNATURE - REQUIRED

I certify that all of the information listed on this form concerning my request for a “Dependency Override” is correct and complete. If I cannot provide the appropriate documentation to support an independent status, I understand that I will be evaluated as a dependent student with my parents providing income and asset information when completing the FAFSA.

SIGNATURE REQUIRED

Student signature

Date

WARNING: If you give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Do not submit this form without all of the appropriate documentation.

OFFICE USE ONLY:

Evaluated and

Approved

Denied

by _____

Financial Aid Official/Date