

**STUDENT FINANCIAL AID  
REQUEST FOR REVIEW OF DEPENDANCY STATUS  
ACADEMIC YEAR 2010-2011**

The Financial Aid Office is required by federal law (Public Law 102-325), Section 480 (d) to consider parent information and expect a parent contribution for students unless the student meets one of the following conditions:

1. is 24 years of age or older by Dec. 31<sup>st</sup> of the award year;
2. is an orphan or ward of the court;
3. is veteran of the Armed Forces;
4. is a graduate or professional student;
5. is a legally married individual;
6. has legal dependents other than a spouse; or
7. were upon reaching the age of majority, was an emancipated minor; or in legal guardianship;
8. is an unaccompanied homeless youth (under age 21);
9. is a student for whom a financial aid administrator makes documented determination of independence by reason of other unusual circumstances

Unusual Circumstances

We may be able to over-ride your dependency status if unusual circumstances exist that makes it impossible for you to have contact with your parents. Examples of unusual circumstances are: your parents live out of the country and you are unable to maintain reasonable contact with them. If your family situation involves an unusual circumstance such as those described above and is documented you may request a review of your dependency status. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay for your education costs. Only very extenuating circumstances will make it reasonable to approve such a petition. For your petition to be considered you must **not** have been claimed as a tax exemption by any parent or stepparent in **2009** and you may **not** have lived with your parent(s) stepparent(s) during **2009-2010**. ***Having sufficient resources to pay your own expenses is NOT considered an extenuating circumstance for determining dependency status.***

Required Documents

In order for our office to consider your request for review of your dependency status, we need additional information and documentation of your family's circumstances. You must complete **ALL** of the attached forms.

1. Student's Statement of Information form;
2. Provide a complete statement regarding your request for dependency status;
3. Two (2) affidavit in Lieu of Parent's Information from a third party who is at least 25 years of age and who has known the student a minimum of three (3) years (e.g., other adult relatives, clergy, teachers, counselors, or social workers who will verify your situation).

**STUDENT'S STATEMENT OF INFORMATION**

If you would like to be considered an independent student, please provide the following information:

- 1.) A Copy of your **2009** Federal Income Tax return;
- 2.) A copy of your **2008** Federal Income Tax return;
- 3.) A copy of your parents' **2009** Federal Income Tax return;
- 4.) A copy of your **2008** W-2 forms(s) **if you did not file taxes**;
- 5.) A written statement as to why you should be evaluated as an independent student for financial aid purposes.

FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_

1. Do you live with your parents? ( ) Yes ( ) No
2. Where are they residing? Mother's Address: \_\_\_\_\_  
Father's Address: \_\_\_\_\_
3. Do you receive financial support from your parents ( ) Yes ( ) No
4. Did your parents claim you as an exemption on their **2009** Federal Income Tax returns? ( ) Yes ( ) No (Please provide a signed copy of your parents **2009** Federal Income Tax return.)
5. Did you have income totaling \$5,000.00 or more in 2008? ( ) Yes ( ) No  
If no, please complete the statement of income and expenses below.

**STATEMENT OF INCOME & EXPENSES**

Please estimate your resources for each of the following items. If zero (0), please indicate below.

<u><b>2009 Expenses</b></u>		<u><b>2009 Income</b></u>	
Rent/Housing	\$ _____	Taxable earnings/wages	\$ _____
Board/Meals	\$ _____	Untaxed work earnings	\$ _____
Utilities	\$ _____	Savings/Investments	\$ _____
Personal (clothing)	\$ _____	AFDC/TANF/GA	\$ _____
Transportation	\$ _____	Untaxed income(specify)	\$ _____
Car pmts, insurance	\$ _____	_____	_____
Miscellaneous	\$ _____	Financial assistance(specify)\$	_____
Other (specify)	\$ _____	_____	_____
_____	_____	Unemployment benefits	\$ _____
_____	_____	Social Security benefits	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

*I affirm that all the information reported on this form is true, complete and accurate to the best of my knowledge.* (Note: If you purposely give false or misleading information, you may be fined or be sentenced to jail, or both.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Social Security No.

**Affidavit in Lieu of Parent's Information**

(To be completed by a Third Party who has known student at least 3 years)

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

How long have you known the student? \_\_\_\_ (must be a minimum of 3 years)

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

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Why is the student unable to provide parent information for financial aid purposes?

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Declarant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THESE STATEMENTS ARE TRUE AND CORRECT. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION YOU MAY BE FINED, BE SENTENCED TO JAIL OR BOTH.**

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Social Security No.

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Why is the student unable to provide parent information for financial aid purposes?

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Declarant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THESE STATEMENTS ARE TRUE AND CORRECT. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION YOU MAY BE FINED, BE SENTENCED TO JAIL OR BOTH.**

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date