

DEPENDENCY CHANGE REQUEST FORM

Student Name _____ SS #: XXX-XX-_____

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 by the U. S. Department of Education. It describes how a financial aid administrator may perform a dependency override.

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

STUDENT INFORMATION STATEMENT FORM

Student Name: _____ SSN: XXX-XX-_____

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 these questions, and remember that documentation is **REQUIRED**.

3. How are your living expenses (food, clothes, shelter) paid 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 2024 whichever is later.

Year	2022	2023	2024
Income/wages	_____	_____	_____
Savings	_____	_____	_____
Soc.Sec.Benefits	_____	_____	_____
AFDC	_____	_____	_____
Unemployment	_____	_____	_____
Support from Others	_____	_____	_____

REFERENCE FORM

Name of Applicant _____ SS # XXX - XX - _____

1. How long have you known the applicant? _____
2. With whom does the applicant reside? _____
3. Please explain what you know about the applicant's situation in a detail 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. The letter should not be 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: _____

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Signature of reference: _____

Title of relationship to applicant: _____

Address, City, State and Zip Code: _____

Email Address: _____

Telephone numbers : () / () _____

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Telephone numbers :(