

# INSTITUTIONAL DEPENDENCY CHANGE REQUEST

# 0809

**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 the how a financial aid office 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 document the unusual circumstances. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:**

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

*(2007-2008 U.S. Department of Education SFA Handbook Chapter 2 Page AVG – 24)*

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 committee. Documentation supporting extenuating circumstances **must** be included and available for review, otherwise your request will be denied. All decisions made by the committee are final.

## INSTRUCTIONS

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. A notarized statement will **NOT** be accepted
2. **Three references:** These have to be from individuals who have known of your situation for more than a year and can verify it. References must be submitted from three of the following persons on company/business letterhead:
  - High school teacher, counselor, principal, superintendent
  - Lawyer
  - Professional individuals (not relatives nor parents)
  - Pastor
3. **Please submit the following to our office:**
  - Students 2007 Income Tax Returns, or W-2s if non filer

### OFFICE USE ONLY

Final results:    Approved \_\_\_\_\_    Disapproved \_\_\_\_\_    Pending \_\_\_\_\_

Committee Member Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# 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 use the back of this 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 of income and/or resources from the time that you stopped receiving support from your parents or for the year 2007, whichever is later.

<b>Sources</b>	<b>Year 2007</b>	<b>Year 2006</b>
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 check on the final outcome of this professional judgment. It is also 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 Financial Aid - Bldg. K 1.700

3201 W. Pecan Blvd., McAllen TX 78502

Phone: (956) 872-8375\*Fax: (956) 872-6461

REFERENCE

0809

Name of applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 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 committee's decision.

I certify that all the information I provided on this form and the 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 or relationship to applicant: \_\_\_\_\_

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

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

Name of applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_

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



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