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 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 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

(2018-2019 U.S Department of Education SFA Handbook- Chapter 2 Filling Out the FAFSA, AVG 4&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 are

dParent(s), Close relative (other than parent) wi
School Teacher, High School Counselor, Hi Sch
Person(s) with whom you reside, Pastor, or Atto

4. **Please submit the following to our office:**
   - Students 2015/2016/2017 Income Tax Ret
   - Parent(s) 2015/2016/2017 Income Tax Ret

a Death Certificate 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. **Detailed student statement**. A detailed account providing information that would support

REFERENCE FORM

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 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: _____

Title of relationship to applicant: _____

Address, City, State and Zip Code: _____

_____

Email Address: _____

Telephone Numbers :(_o_____ _____(u)-8. BT -0.7_____108 219.12w 1.08 0 Td

REFERENCE FORM

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 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: _____

Title of relationship to applicant: _____

Address, City, State and Zip Code: _____

_____

Email Address: _____

Telephone Numbers :( )_____/ ( ) _____
Home Cell

Date_____/_____/_____

No person shall be excluded from participation in, denied the benefits or, or be subject to

REFERENCE FORM

Name of Applicant _____SSN#_____-_____-_____

1. **How long have you known the applicant? _____**
2. **_____**