



DEPENDENCY STATUS OVERRIDE
2009-2010

Student's Name _____ Soc. Sec. No. ____ - ____ - _____
 Address _____
 Phone _____ Campus _____

Students that do not meet the criteria to be considered independent by the standards established by the federal government for financial aid purposes may appeal their status if they believe they have extenuating circumstances. **Explain your extenuating circumstances on the back of this form.** You must provide **two** statements from a third party on official letterhead attesting to the fact that you are supporting yourself (i.e. High School Counselor, Human Services, Pastor, Psychologist etc.). In addition, complete this form.

- 1) What is the amount of financial support you receive from your parents? _____
- 2) What other support do you receive from your parents? Identify the type of support and the approximate value (i.e. – insurance, room and board, clothing, etc.)

- 3) Are your parents unwilling to provide financial information to complete your FAFSA?
 ____ YES ____ NO

If you answered “yes”, explain below:

- 4) Indicate the amount and source of your annual income for 2008 and an estimate of income for 2009. Include wages, monetary gifts from persons other than your parents, and any other income you receive.

- 5) Provide the following information about your expenses for 2008 and 2009.

	2008	2009
Housing	_____	_____
Food	_____	_____
Transportation	_____	_____
Utilities	_____	_____
Personal Exp.	_____	_____
Child Care	_____	_____
Miscellaneous	_____	_____

I certify that the information on this form and the documents I have submitted is true and complete.

 Student Signature _____ Date

Approved Denied

 Staff Signature _____ Date