

## Request for Review of Dependency Status

The Free Application for Federal Student Aid (FAFSA) allows only students who meet certain criteria to be considered "independent students." This form is intended for use by students who are considered dependent on the FAFSA, but who consider themselves independent of their parent(s).

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances.**

- Parents refuse to contribute to student's education
- Parents are unwilling to provide information on the FAFSA or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency

Unusual circumstances **do include**, but are not limited to, the following

- ✓ An abusive family environment
- ✓ Abandonment by parents
- ✓ Involuntarily removed from home by outside agency such as Family Services

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**To request a review of your dependency status, please complete the following information.**

1. When did you last live with your parents? (even if for a short time) \_\_\_\_\_
2. What are your current living arrangements? (i.e. living with grandparents, sibling, aunt, foster care etc.)  
\_\_\_\_\_
3. How long have you been in your current living arrangements? \_\_\_\_\_
4. Were you claimed as a tax exemption by anyone on a 2023 tax return? If yes, by whom?  
\_\_\_\_\_

**In addition to this form you must also provide the following:**

- A letter of appeal explaining in *detail* the circumstances and history behind your circumstances.
- A *detailed* letter written on letterhead from one or more professionals, such as a counselor, therapist, minister, attorney or social worker who is familiar with the situation.
- A *detailed* letter from one or more persons, such as a family friend or relative, who is familiar with the situation.
- Court documentation to verify the situation. *When applicable.*

I certify that all information submitted is true and complete to the best of my knowledge. I understand this is a request and is not automatic and that further documentation may be necessary.

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