

2024-2025 Special Circumstances Request – Dependency Status Change

Student Name _____ Student ID# _____

If you are classified as a dependent student based upon criteria established by the Department of Education (Step Three of the Free Application for Federal Student Aid-FAFSA), you may complete this form to appeal for reclassification.

Students classified as dependent may petition to be reclassified as independent based upon documented adverse family circumstances that make obtaining your parents' FAFSA information impossible. Examples of adverse conditions include but are not limited to severe estrangement from parents, an unsafe home environment, unknown whereabouts of your parents, abuse, abandonment, drug abuse, and parent incarceration.

This form can be used to request a review of extenuating circumstances regarding your dependent status. These extenuating circumstances must be documented by an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy, mental health professional, law enforcement officer, teacher, etc.) to qualify.

The following examples **will not** make you independent:

1. Parents refuse to financially contribute to the student's education
2. Parents refuse to fill out information necessary to complete the FAFSA
3. Parents do not claim the student as a dependent for income tax purposes
4. Student demonstrates total self-sufficiency

Please check one of the following boxes:

- I am submitting the Independent Appeal form for initial consideration during the 2024-2025 academic year. I understand that if my appeal is approved, I must submit a statement verifying that the documented adverse family circumstances still exist for each subsequent year I wish to receive financial aid. I am required to complete all steps of this form.
- My Independent Appeal was approved at TTUHSC in a prior academic year. However, Federal Regulations require me to submit a statement verifying that the documented adverse family circumstances still exist. In addition, I am required to complete, steps 1, and 4 of this form.

Step 1. Complete the 2024-2025 FAFSA at www.fafsa.ed.gov. (all students)

Step 2. Submit the following documents: (initial student appeals)

1. Submit a typed letter detailing the special circumstances that make you independent from your parent(s). You must describe your current relationship (even if it is non-existent) with your parent(s). Address the following items:
 - The nature of your relationship with your parent(s)
 - Provide the date and place of your last contact with your parent(s)
 - How you have been supporting yourself
 - The reason your parent(s) do not provide housing and why they refuse to help with your education costs
2. Attach documentation that supports your request:
 - Legal documentation (i.e., police/incident reports, court orders, Child Protective Service (CPS) documentation, proof of incarceration or institutionalization, death certificate, asylum, or refugee status, etc.) **or**
 - A statement provided by professional third parties that confirm the relationship with your parents. Professional third parties can include clergy, counselor, teacher, lawyer, etc.

Step 3. Complete the information below: (all students)

Section A – Living Arrangements and Financial Support – please check the appropriate answer

Where did you live in 2023?	<input type="checkbox"/> At home with parents	<input type="checkbox"/> On campus	<input type="checkbox"/> Off campus
Where will you live in 2024?	<input type="checkbox"/> At home with parents	<input type="checkbox"/> On campus	<input type="checkbox"/> Off campus
Did your parent(s) claim you as an exemption on their 2022 federal tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did or will your parent(s) claim you as an exemption on their 2023 federal tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did your parent(s) provide your health insurance in 2023?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will your parent(s) provide your health insurance in 2024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did your parent(s) provide your auto insurance in 2023?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will your parent(s) provide your auto insurance in 2024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Section B: Student Budget & Assets. Round to nearest dollar. Do not leave any blanks. Enter -0- or N/A.

*Attach a signed copy of your 2023 federal tax return, list of 2023 income, and W-2 form(s) or other earning statement(s).

2024 Student Income Resources	Monthly Amount	Source (ex. work, parents, etc.)
Income from work		
Unemployment Compensation		
Social Security Benefits		
Housing Assistance		
Financial Aid		
Other Income (gifts, etc.)		
Total		

2024 Student Expenses	Monthly Amount
Rent/Mortgage	
Utilities & Telephone	
Food	
Car Payment	
Car & Health Insurance	
Other Personal Expenses	
Total	

Current balance of cash, savings & checking _____
 Current net worth of investments including real estate (do not include home you live in) _____
 Current net worth of business and/or farm _____
 Other untaxed income (includes child support received) _____

Step 4: Certification Statement

Your signature on this document confirms your acknowledgement of the following:

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid funds received. I understand that all requests are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature _____ Date _____

Student R# _____ Student Email _____

Financial Aid Office Use Only		
Comments:		
Action Taken:		
<input type="checkbox"/> RHACOMM updated	<input type="checkbox"/> Email sent to Student	<input type="checkbox"/> Email sent to MCM
Financial Aid Advisor Signature:		Date:
Associate Director Signature:		Date: