



DEPENDENCY CHANGE REQUEST FORM 2017-2018

Student's Name (PRINT): _____ Student ID#: _____

The law governing the Federal Student Aid (FSA) programs is based on the premise that the family is the first source of the student's support, and the law provides several criteria that decide if the student is considered independent of his parents for aid eligibility. For the 2017–2018 year, the criteria to be considered an independent student on the Free Application for Federal Student Aid (FAFSA) include one or more of the following:

- 1) Born before January 1, 1994,
- 2) Married on the date the FAFSA is signed,
- 3) Working on a Master's or Doctorate program,
- 4) A Veteran or currently serving on active duty in the US Armed Forces for purposes other than training,
- 5) Having dependents other than a spouse in which YOU provide over half their financial support,
- 6) At any time since the age of 13, you were an orphan, foster child, or ward/dependent of the court,
- 7) A State Court determined you were an emancipated minor when reaching the age of majority in your state of legal residence,
- 8) A State Court determined someone other than your parent have legal guardianship of you, or
- 9) You were determined by a third party official, at any time since July 1, 2016, that you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless.

If you do not meet at least one of the above criteria, you must complete the FAFSA as a dependent student and include your parent's information.

In order for our office to consider this appeal, you must document an extreme, unique and/or unusual family circumstance which prevents you from obtaining parental information.

WHAT DOES NOT CONSTITUTE UNUSUAL CIRCUMSTANCES:

- Student lives apart from his or her parents
- Student lives with a roommate and "pays half of the bills."
- Student demonstrates total self-sufficiency and does not receive financial support from their parents
- Parents do not claim the student as a dependent for federal income tax purposes
- Parents refuse to contribute to the student's education
- Parents unwilling to provide information on the FAFSA application or for verification purposes

WHAT DOES CONSTITUTE UNUSUAL CIRCUMSTANCES:

- Hostile, abusive family environment
- Total abandonment by parents
- Incarceration

If there are unusual circumstances that may warrant re-evaluation of your dependency status, provide the required documentation so the Financial Aid Office may make this determination. You may be asked for additional documentation depending on your individual situation. The Financial Aid Director has the final authority to determine what circumstances can and cannot be considered unusual.

Student's Name (PRINT): _____ Student ID#: _____

If one of the circumstances below applies to you, please check the box to the left and provide all required documentation.

- A severe situation exists in your family which may be the result of physical abuse, emotional abuse, parent(s) drug or alcohol abuse, abandonment, parental incarceration or other unusual situations beyond your control.

Required documentation:

- a. Completed Dependency Change Request form
- b. Three Reference forms completed by **third party persons** explaining the situation in detail
- c. Police reports, court reports, and/or documentation from a social agency

- Your custodial parent has died and the other natural parent is still living; however, you have not had contact with nor received financial support from the living parent for a significant period of time. (more than two years)

Required documentation:

- a. Completed Dependency Change Request form
- b. A copy of the death certificate for the deceased custodial parent
- c. Three Reference forms completed by **third party persons** which support your claim that you have neither lived with nor received financial support from the non-custodial parent for a significant length of time (more than two years)

Third party persons include:

- Minister
- Social worker
- Psychologist
- High School Counselor
- Teacher
- Doctor
- Other Professional
- Relative (only one Reference form may be from a relative)

Attach this completed form, all required documentation, and a signed copy of your **two most recent federal income tax returns** and submit to:

Temple College
Financial Aid Office
2600 South First Street
Temple, TX 76504

The Financial Aid Office will review your appeal based on the documentation you provide, and you will be notified of the results. An appeal submitted without proper documentation will be denied. The Financial Aid Office's decision is final and cannot be appealed to the U. S. Department of Education.

Student's Name (PRINT): _____ Student ID#: _____

You must complete ALL sections in order for your request to be considered.

SECTION I: RESIDENCE INFORMATION

Current Address*: _____ Telephone Number: _____

How long at this address? From: ____/____ To: ____/____

Do you live with a relative? No ____ Yes ____ If yes, provide name of relative: _____

Do you live with a roommate? No ____ Yes ____ If yes, provide name of roommate: _____

If less than 2 years at current address, give prior addresses and time periods.

Address: _____ _____ _____	Address: _____ _____ _____
From: ____/____ To: ____/____	From: ____/____ To: ____/____

* You may be asked to provide a copy of your current lease/housing agreement.

SECTION II: EMPLOYMENT HISTORY

Current Employer**: _____ Telephone Number: _____

Address: _____

Employment dates? From: ____/____ To: ____/____

If less than 2 years at current employer, give previous employer(s).

Employer: _____ Address: _____ _____	Employer: _____ Address: _____ _____
From: ____/____ To: ____/____	From: ____/____ To: ____/____

**You may be asked to provide a letter from your current employer indicating status, average hours/week, rate of pay, and length of employment.

SECTION III: TAX INFORMATION

Did you file a federal income tax return in 2016? No ____ Yes ____ If yes, you must provide a signed copy of the return.
Did you file a federal income tax return in 2015? No ____ Yes ____ If yes, you must provide a signed copy of the return.

If you did **not** file a 2016 federal income tax return, explain how you supported yourself during 2016 and how you will continue to support yourself in 2017: _____

Student's Name (PRINT): _____

Student ID#: _____

SECTION IV: INCOME & EXPENSES

Please complete the following tables of your annual income and expenses.

DO NOT LEAVE ANY BLANKS! Enter "ZERO" if the amount is zero and "NA" if it does not apply to your circumstance.

ANNUAL INCOME RESOURCES		2016	2017 Estimated
1	Income earned from work (wages, salaries, tips, and any income from work)	\$	\$
2	Untaxed Social Security benefits	\$	\$
3	AFDC / TANF (welfare benefits)	\$	\$
4	SNAP benefits	\$	\$
5	Financial support received from parents	\$	\$
6	Monetary value of other support (e.g., health insurance, room and board) received from parents	\$	\$
7	Financial support received from another family member	\$	\$
8	Financial support received from a non-relative	\$	\$
9	Amount of other annual income (indicate source)	\$	\$
TOTAL ANNUAL INCOME (add items 1 - 9)		\$	\$

ANNUAL EXPENSES		2016	2017 Estimated
1	Housing	\$	\$
2	Food	\$	\$
3	Transportation (e.g., car payments, insurance, gas, maintenance)	\$	\$
4	Utilities	\$	\$
5	Personal (e.g., clothing, entertainment)	\$	\$
6	Other - indicate type of expense: _____	\$	\$
7	Other - indicate type of expense: _____	\$	\$
8	Other - indicate type of expense: _____	\$	\$
9	Other - indicate type of expense: _____	\$	\$
TOTAL ANNUAL EXPENSES (add items 1 - 9)		\$	\$

Student's Name (PRINT): _____

Student ID#: _____

FOR OFFICE USE ONLY

Is there a prior year dependency override processed? Yes _____ No _____

Dependency override decision: Approved _____ Denied _____

Reason for Approval / Denial: _____

Financial Aid Administrator's Name: _____

Title: _____

Financial Aid Administrator's signature: _____

Date: _____

Student's Name (PRINT): _____ Student ID#: _____

DEPENDENCY CHANGE REQUEST – REFERENCE

1. How long have you known the applicant (student)? _____
2. Are you related to the applicant? No _____ Yes _____ If yes, how are you related? _____
3. With whom does the applicant reside? _____
4. To your knowledge, has anyone, other than applicant's spouse, claimed the applicant as an income tax exemption for the following years:
2016 Do not know _____ No _____ Yes _____ If yes, who? _____
2015 Do not know _____ No _____ Yes _____ If yes, who? _____

5. Please explain what you know to be the applicant's situation. Please be specific as the parent's unwillingness to assist the student is not grounds for a dependency change. If you need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Street Address, P.O. Box, Etc. _____

City/State/Zip _____

Official Title or Relationship to Applicant _____

Telephone (_____) _____ Best time to be reached: _____

Signature of Reference _____

Date _____

Return completed form to:

Temple College
Office of Financial Aid
2600 South First
Temple, TX 76504

Student's Name (PRINT): _____ Student ID#: _____

DEPENDENCY CHANGE REQUEST – REFERENCE

1. How long have you known the applicant (student)? _____
2. Are you related to the applicant? No _____ Yes _____ If yes, how are you related? _____
3. With whom does the applicant reside? _____
4. To your knowledge, has anyone, other than applicant's spouse, claimed the applicant as an income tax exemption for the following years:

2016 Do not know _____ No _____ Yes _____ If yes, who? _____
2015 Do not know _____ No _____ Yes _____ If yes, who? _____

5. Please explain what you know to be the applicant's situation. Please be specific as the parent's unwillingness to assist the student is not grounds for a dependency change. If you need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Street Address, P.O. Box, Etc. _____

City/State/Zip _____

Official Title or Relationship to Applicant _____

Telephone (_____) _____ Best time to be reached: _____

Signature of Reference _____

Date _____

Return completed form to:

Temple College
Office of Financial Aid
2600 South First
Temple, TX 76504

Student's Name (PRINT): _____ Student ID#: _____

DEPENDENCY CHANGE REQUEST – REFERENCE

1. How long have you known the applicant (student)? _____
2. Are you related to the applicant? No _____ Yes _____ If yes, how are you related? _____
3. With whom does the applicant reside? _____
4. To your knowledge, has anyone, other than applicant's spouse, claimed the applicant as an income tax exemption for the following years:

2016	Do not know	_____	No	_____	Yes	_____	If yes, who?	_____
2015	Do not know	_____	No	_____	Yes	_____	If yes, who?	_____

5. Please explain what you know to be the applicant's situation. Please be specific as the parent's unwillingness to assist the student is not grounds for a dependency change. If you need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____
Street Address, P.O. Box, Etc. _____
City/State/Zip _____

Official Title or Relationship to Applicant _____
Telephone (_____) _____ Best time to be reached: _____

Signature of Reference _____ Date _____

Return completed form to:
Temple College
Office of Financial Aid
2600 South First
Temple, TX 76504