



## DEPENDENCY CHANGE REQUEST FORM 2022-2023

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 2022-2023 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, 1999,
- 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, 2021, 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  
254-298-8366  
Email: [financialaid.templejc.edu](mailto:financialaid.templejc.edu)

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: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ 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 for 2021? No \_\_\_\_ Yes \_\_\_\_ If yes, you must provide a signed copy of the return.  
Did you file a federal income tax return in 2020? No \_\_\_\_ Yes \_\_\_\_ If yes, you must provide a signed copy of the return.

If you will **not** file a 2020 federal income tax return, explain how you supported yourself during 2019 and how you will continue to support yourself in 2020: \_\_\_\_\_

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.**

<b>ANNUAL INCOME RESOURCES</b>		<b>2021</b>	<b>2022 Estimated</b>
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 <b>from parents</b>	\$	\$
6	Monetary value of other support (e.g., health insurance, room and board) received <b>from parents</b>	\$	\$
7	Financial support received from another family member	\$	\$
8	Financial support received from a non-relative	\$	\$
9	Amount of other annual income (indicate source)	\$	\$
<b>TOTAL ANNUAL INCOME (add items 1 - 9)</b>		\$	\$

<b>ANNUAL EXPENSES</b>		<b>2021</b>	<b>2022 Estimated</b>
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: _____	\$	\$
<b>TOTAL ANNUAL EXPENSES (add items 1 - 9)</b>		\$	\$



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:  

2021	Do not know	_____	No	_____	Yes	_____	If yes, who?	_____
2020	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:

2021 Do not know \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, who? \_\_\_\_\_  
2020 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:

2021 Do not know \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, who? \_\_\_\_\_  
2020 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