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 2023-2024 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, 2000,
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, 2022, 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.

2023-2024                                                                      Revised 08/19/2022
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

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.
**SECTION I: RESIDENCE INFORMATION**

<table>
<thead>
<tr>
<th>Current Address*:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  From: _____/_____ To: _____/_____

  From: _____/_____ To: _____/_____  

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

**SECTION II: EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Current Employer**:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address: ___________________________________________________________________________________________

Employment dates? From: _____/_____ To: _____/_____

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

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  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: _______________________________________________________

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

**SECTION IV: INCOME & 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**

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2023 Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Income earned from work (wages, salaries, tips, and any income from work)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2 Untaxed Social Security benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3 AFDC / TANF (welfare benefits)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4 SNAP benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5 Financial support received from parents</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6 Monetary value of other support (e.g., health insurance, room and board) received from parents</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7 Financial support received from another family member</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8 Financial support received from a non-relative</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9 Amount of other annual income (indicate source)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL ANNUAL INCOME (add items 1 - 9)**

|                            | $     | $             |

**ANNUAL EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2023 Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Housing</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2 Food</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3 Transportation (e.g., car payments, insurance, gas, maintenance)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4 Utilities</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5 Personal (e.g., clothing, entertainment)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6 Other - indicate type of expense: _______________________</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7 Other - indicate type of expense: _______________________</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8 Other - indicate type of expense: _______________________</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9 Other - indicate type of expense: _______________________</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL ANNUAL EXPENSES (add items 1 - 9)**

|                            | $     | $             |
SECTION V: SUMMARY OF STUDENT'S SPECIAL CIRCUMSTANCE FOR DEPENDENCY CHANGE

Please explain briefly what your circumstances are for requesting a change in your dependency status:

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

SECTION VI: THIRD PARTY STATEMENTS

Please attach three supporting reference statements from three third party persons, such as school counselors, clergy members, social workers, etc., who are familiar with your situation. These should come from individuals with a "professional" association with the student. The statement must include their address, telephone number, and relationship to student. Please use the attached reference forms for this purpose.

SECTION VII: CERTIFICATION & SIGNATURE REQUIREMENT

CERTIFICATION:

I certify that to the best of my knowledge all of the information provided on this form and all attached documents is true and complete. If asked by an authorized official I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked this request may not be processed for financial aid.

I authorize the Temple College Financial Aid Office to discuss my situation with the individual(s) submitting any supporting statement(s).

Student’s (handwritten) Signature: ________________________________ Date: ______________

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined up to $20,000, sent to prison, or both.
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: _______________
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:

   2022  Do not know ____           No _____       Yes _____ If yes, who? __________________
   2021  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
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? __________________

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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
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:

   2022  Do not know ____       No ____       Yes ____ If yes, who? __________________
   2021  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