



Office of Student Financial Services
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202 -202 DEPENDENCY STATUS APPEAL FORM

Federal regulations require students, who cannot answer “yes” to one of the questions in Step Three of the Free Application for Federal Student Aid (FAFSA), to provide the biological/adoptive parents’ information and signature when completing the FAFSA. Such students are “DEPENDENT” for Financial Aid purposes. **A Financial Aid Administrator may authorize a Dependency Status Override ONLY if a student thoroughly documents EXTREME FAMILY CIRCUMSTANCES** (for example: Incarceration of parent or abusive parental behavior). This determination must be confirmed every year.

EXTREME FAMILY CIRCUMSTANCES DO NOT include:

1. The student does not reside with the parent(s);
2. The parent(s) live in another country; or out of state
3. The student and parent “do not get along”;
4. The parent does not claim the student as a tax exemption;
5. The parent does not support the student or believe it is a parental responsibility to pay for college;
6. The parent and/or step-parent are unable and/or unwilling to provide information, to sign the FAFSA, and/or to assist in paying for college.

If you are requesting a Dependency Status Override based on one of the reasons listed above, you are a dependent student and should not complete this form. If you believe your situation qualifies as an Extreme Circumstances (which you can document), you may complete the bottom portion of this form.

Bring this completed form, along with ALL REQUIRED DOCUMENTATION (listed in A – E below) to the Office of Student Financial Services.

Student Name: _____ LIM ID: _____ Phone: _____

Letters A – D (below) specify the REQUIRED documentation

- A. **Personal Statement.** Provide a typed and signed detailed statement, in your own words, describing the events in your life which led to your separation from both of your parents, and explain why you should be considered an independent student. Include a description of your past and current relationship with each of your parents. Personal statement must be typed, signed and dated.
- B. **Two Official Third Party Statements.** Provide statements from two adult professionals, who are not family members, who can verify the family circumstances you described in your petition letter. Professional third statements must be on letterhead. Adult professionals include: teachers/professors, guidance counselors, educational professionals, clergy members, lawyers, doctors, health professionals, therapist, psychologists, psychiatrists, social service professionals, and law enforcement officers. The persons providing statements must explain how they know you and how they came to know about your family circumstance. All statements must be originals.
- C. **Supporting Documentation: 202 -202 Independent Standard Verification Worksheet, Income documentation:** if you are self-supporting, be prepared to submit a copy of your signed 2021 Tax Return or 2021 IRS Tax Return Transcript and W2 forms, and/or proof of your non-taxable income for 2021 i.e. public assistance, social security benefits, cash support from family and friends. Other Documentation for the support of your appeal may include: parent(s)’ death certificate, custody papers, police reports, court reports, social service agency/guidance/therapist letters, high school records, utility bills, apartment leases etc. All the information you provide will be used solely to determine you dependency status and will be kept by the Office of Financial Aid in confidence.
- D. **Report all other sources of income received in** that were not listed on your 2021 Federal Income Tax Return. Indicate the amount and the source of such income/support, including assistance from Relatives/friends, Checking/Savings, Social Security, SSI, Welfare, etc. INPUT “0” IF APPLICABLE. DO NOT LEAVE BLANK.
 - a. Amount \$ _____ Source: _____
 - b. Amount \$ _____ Source: _____
 - c. Amount \$ _____ Source: _____

I certify that all of the information provided on this form and all of the accompanying documentation is accurate and thorough. I understand that if I have not submitted all of the required documentation (A – D), my request cannot be reviewed or processed.

Student Signature: _____ Date: _____