2019–20 Request to Evaluate Dependency Status

I. Student Information

Last Name	First Name	Middle Initial	Student ID
Email Address	Home Phone Number		Cell Phone Number

Students are classified as dependent or independent because federal student aid programs are based on the idea that students (**and their parents or spouse, if applicable**) have the primary responsibility for paying for their post-secondary education.

The U. S. Congress defines an independent student (**for financial aid purposes**) as one who meets one of the following conditions at the time the 2019–2020 Free Application for Federal Student Aid (**FAFSA**) is completed and signed:

- You are married.
- You were born before January 1, 1996.
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- You are a veteran of the U. S. Armed Services (**discharge must not be dishonorable**).
- You are working on a master's or doctoral degree.
- You have children who receive **more than half of their support from you**.
- You have dependents (**other than your children or spouse**) who live with you and who receive **more than half of their support from you, now and through June 30, 2020**.
- When you were age 13 or older, **A)** both of your parents were deceased, **B)** you were in foster care, or **C)** you were a dependent/ward of the court.
- You are an emancipated minor as determined by a court in your state of legal residence.
- On or after July 1, 2018, you were determined to be an unaccompanied youth who was homeless or self-supporting and at risk of being homeless by either your school district liaison, the director of an emergency shelter, or the director of a runaway or homeless youth center.

Note: You do not need to complete this form if one of the above conditions applies to you.

The Higher Education Act allows an aid administrator to consider dependency overrides on a case-by-case basis for students with unusual circumstances. **However, none of the conditions listed below, singly or in combination, qualify as <u>unusual</u> circumstances or merit a dependency override:**

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the application or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency

IMPORTANT

- Dependency status must be recertified every year; it does not automatically renew
- We may request additional documentation when applicable
- Adjustments made to your SAR as a result of granting your request may delay or change your financial aid awards
- Requests to evaluate dependency status without required documentation will not be considered
- Responses may be sent via email notification

MORE ☞

II. Additional Financial Information

1. Must be initiated with a letter of explanation from the student requesting consideration of his/her particular circumstances. Please explain in full.
2. Refer to documentation requirements (see below) when preparing your request.
3. Complete sections III, IV, and V of this form.
4. Submit a ***copy*** of the 2017 federal tax return transcript or a verification of non-filing status.
5. Please check the box next to the circumstance that fits your situation in section III.

III. Situations in which revisions may be made to your original application:

Check which situation applies to you:

❑ **(A) Unusual circumstances exist within your family that prevent you from obtaining your parent's financial information, such as:**

- Incarceration of the custodial parent
- Abandonment by both parents
- History of parental alcohol or drug abuse
- Abusive home situation that is detrimental to your physical or mental well-being

Documentation Requirements:

1. Two or more signed statements from third parties having firsthand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority that are familiar with the situation. Personal references, which do not represent an agency opinion, must include contact information.
2. Copies of any court documentation relevant to your situation.
3. A copy of student's 2017 IRS federal tax return transcript.
4. A signed statement detailing why you should be considered an independent student.

❑ **(B) Death of a parent after filing the FAFSA and severe circumstances exist with the surviving parent**

Documentation Requirements:

1. Two or more signed statements from third parties having firsthand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority who are familiar with the situation. Personal references, which do not represent an agency opinion, must include contact information.
2. A copy of the death certificate or newspaper obituary.
3. A copy of student's 2017 IRS federal tax return transcript.
4. A signed statement detailing why you should be considered an independent student.

❑ **(C) You, the student, are divorced and during the time you were married, maintained a separate residence from your parents and your former spouse's parents. Also, you now maintain a separate residence from your parents and pay all expenses from your own income and assets.**

Documentation Requirements:

1. A copy of your marriage license.
2. A copy of your divorce decree.
3. A copy of your 2017 IRS federal tax return transcript.
4. Copies of your 2017 W-2 form(s).
5. A copy of your mortgage or lease agreement for the period in which you were married.
6. A signed statement detailing why you should be considered an independent student.

IV. MONTHLY EXPENSES AND INCOME WORKSHEET:

2018 OR 2019 EXPENSES: List your monthly expenses below and the name of the person who provides payment for them.

Expense	Monthly Cost	Who Pays or Provides the Expense
Housing	$	
Utilities	$	
Food	$	
Child Care or Dependent Care	$	
Transportation	$	
Medical/Insurance	$	
Personal (clothing, toiletries, etc.)	$	
Other	$	
TOTAL EXPENSES:	$	

2018 OR 2019 INCOME: List your monthly income as specified below, and list the source of that income by name (examples: self-employed, employer's name, trust fund, etc.).

Type of Income	Monthly Income	Source(s)
Wages	$	
Interest/Dividends	$	
Untaxed Income (social security, unemployment compensation, etc.)	$	
Cash Support/Gift	$	
Federal Work-Study	$	
TANF	$	
Other	$	
TOTAL INCOME:	$	

HAVE YOU COMPLETED ALL OF THE DOCUMENTATION REQUIREMENTS FOR YOUR SITUATION?

Continue to Section V on the next page.

V. Additional Information (Answer all questions below)

1. List the **month and year** you **last** lived with your parent(s)._____
2. List the **month and year** you **last** received financial support from your parent(s)._____
3. List the **year** you were **last** claimed by someone else as an exemption on their Federal Tax Return and your relationship to them.

   Year you were claimed:_____

   Person who claimed you (grandparent, sister, etc.):_____

4. Check the type of Federal Tax Return that you filed for 2017 (**1040, 1040A, etc.**). If you did not file taxes for 2017, but did earn an income, you must list the amount of income you earned, and **provide us with copies of your W-2 forms for 2017**.

Form 1040	Form 1040EZ	List the amount of income
Form 1040A	Did not file	earned in 2017:_____

5. If you are covered under a medical plan, list the following information:

   If not covered, list "not covered" here:_____

   Name of insurance company:_____

   Name of person/company providing coverage:_____

   Name of person paying insurance premiums:_____

6. List the name of the registered owner of your automobile:_____
7. If you are the registered owner, provide the following:

   Year, make, and model:_____

   Purchase Date:_____

   Total balance owed:_____

   Monthly auto payment:_____

   Name/relationship of person paying auto payment:_____

VI. Signature

All of the information on this Request to Evaluate Dependency Status is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this request, I may be subject to a $20,000 fine, a prison sentence, or both.

_____

Student's Signature Date

VII. Submission Methods: *Choose one of the following:*

Email: finaid@cedarville.edu (scan this form, save as a PDF, and send as an attachment)

Mail: Financial Aid, 251 N. Main St., Cedarville, OH 45314