I. Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Student ID or Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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 2015–2016 Free Application for Federal Student Aid (FAFSA) is completed and signed:

- You are married.
- You were born before January 1, 1992.
- 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, 2016.
- 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, 2014, 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 unusual 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
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. Require a signed copy of the 2014 federal tax returns.
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 2014 IRS Form 1040, 1040A, or 1040EZ.
   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 signed copy of student’s 2014 IRS Form 1040, 1040A, or 1040EZ.
   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 signed copy of your 2014 IRS Form 1040, 1040A, or 1040EZ.
   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 (Complete using 2014 information):

**2015 EXPENSES:** List your monthly expenses for 2015 below and the name of the person who provides payment for them.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly Cost</th>
<th>Who Pays or Provides the Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child Care or Dependent Care</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Medical/Insurance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Personal (clothing, toiletries, etc.)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES:</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**2015 INCOME:** List your monthly income for 2015 as specified below, and list the source of that income by name (examples: self-employed, employer’s name, trust fund, etc.).

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Monthly Income</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Interest/Dividends</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Untaxed Income (social security, unemployment compensation, etc.)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Cash Support/Gift</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Federal Work-Study</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INCOME:</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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 2014 (1040, 1040A, etc.). If you did not file taxes for 2014, 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 2014.
   Form 1040 Form 1040EZ List the amount of income
   Form 1040A Did not file earned in 2014:___________________________

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)
   Fax:    937-766-7639
   Mail:   Financial Aid, 251 N. Main St., Cedarville, OH 45314