



2023-2024
PETITION FOR DEPENDENCY STATUS REVIEW

Student's Name _____ ID # J _____

Address _____

Financial Aid regulations assume that the family has primary responsibility for meeting the educational costs of students. The unwillingness of your parent(s) to provide parental data on your financial aid applications or your unwillingness to seek financial assistance from your parent(s) does not make you an independent student. Similarly, your living situation (whether you live with your parent(s) or not) or tax filing status does not always affect your dependency status.

You have indicated on your FAFSA that one of the following statements is accurate:

- Since you turned age 13, your parents were deceased, you were in foster care, or you were a ward of the court.
- You are or were in legal guardianship as determined by the court in your state of legal residence.
- On or after July 1, 2022 your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless.
- On or after July 1, 2022 the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless.
- On or after July 1, 2022 the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

Please provide documentation from an objective third party which supports your case. Documentation must be detailed and specific to your circumstances and can be from a court, social service agency, or respected member of the community (member of the clergy, teacher, or counselor) on their letterhead.

Please provide a copy of your most recent Federal income tax return and W-2 forms.

(REVERSE SIDE FOR OFFICE USE)

FOR OFFICE USE ONLY:

Documents provided:

- _____ Outside third party documentation
- _____ Legal documents (court papers)
- _____ _____

INDEPENDENT VERIFICATION

_____ **APPROVED** _____ **DENIED**

COMMENTS:

Financial Aid Officer Signature _____ **Date** _____