



444 Western Boulevard
Jacksonville, North Carolina 28546-6816
Phone (910) 455-1221

Student Name: _____ SS#: _____

2009-2010 - Request For Dependency Status Change

You do not meet the Federal Independent Student Criteria but you have indicated that there are unusual circumstances and that you should be re-evaluated as an independent student. Completion and submission of this form does not guarantee a change in your status from Dependent to Independent.

A parent's unwillingness to assist a student **cannot**, in and of itself, be grounds for considering a student themselves independent or self-supporting. **The student must be able to document that they were abused or abandoned.** A Financial Aid Administrator must approve dependency overrides. To obtain an exception to the Federal ruling, please submit the requested information. Only students who have provided all necessary documentation will be **considered**. We strongly urge students who cannot claim independence by virtue of answering "yes" to one of the status questions on the Free Application for Federal Student aid to file as dependent.

You will need to complete the attached forms to document your status:

- 1) Student Narrative
- 2) Landlord Statement
- 3) Third-Party Certification from an impartial individual (such as a counselor, teacher, or other professional) that has personal knowledge of your situation. A relative cannot complete this section.

You must also provide the following:

- 1) Signed copies of your 2008 Federal Income Tax Return
- 2) A year-to-date check stub or a statement on letterhead from your employer indicating your 2009 year-to-date earnings.
- 3) Verification of any untaxed income you received in 2008 and/or 2009.

If you do not meet the criteria, you will be evaluated as a dependent student. Your parents must provide income and asset information if you are evaluated as a dependent student.

Student Name: _____
Student's Social Security Number: _____

Student Narrative

Students requesting a change in dependency status must provide a detailed narrative that explains their situation and that supports their claim for independent status.

Answer all questions fully and completely, giving dates and other specific information where possible. You may attach additional sheets if necessary.

Sign and date your narrative and include it with your supporting documentation and other materials.

1. Have you lived with your parent(s) in the last year? Explain your situation in as much detail as possible.

2. Describe any contact you have had with your parents in the last year—what were the circumstances?

3. Do your parents currently contribute to your financial support in any way, i.e., have they paid any money for your medical insurance, auto insurance, tuition, housing, food or any bills/debts in the past year? Have they given you any gifts or cash in the past year?

4. Without consideration of the question of whether your parents are financially able to assist you, why should you be considered self-supporting for Financial Aid purposes?

Student Signature

Date

Student Name: _____
Student's Social Security Number: _____

Landlord Statement

This is to certify that the above named student has been living in a home/apartment owned by me since _____. He/she has been able to satisfactorily reimburse me for the fair rental value of the property.

The street address is: _____

Person(s) listed on the lease, co-signer(s) and/or who occupy the unit other than the student are (if none, write none):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Student</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company/Business Name

Landlord Signature
(You must sign this form in the presence of a notary.)

.....
County: _____

NOTARY SEAL

State: _____

My commission expires: _____

Sworn to and subscribed before me this, the _____ day of _____, 20_____.

Notary Signature: _____

Please Print Notary Name: _____

REQUEST FOR DEPENDENCY STATUS CHANGE

Notes:

DECISION

Date Received: _____ Date Complete: _____

Decision Date: _____

_____ Approved _____ Denied

ISIR Reprocessed: _____ By: _____

Director of Financial Aid Services

Date