



Request for Dependency Status Change

Financial Aid Office
444 Western Blvd
Jacksonville, NC 28546-6816
Fax: 910-455-2767
Email: finaid@coastalcarolina.edu

Student Name: _____ SS#: _____

Under Federal law, to the extent they are able; your family is primarily responsible for paying for your educational expenses. To determine how much your family can afford to pay towards your educational expenses, we must collect your financial information and your parents' financial information. Completion and submission of this form does not guarantee a change in your status from Dependent to Independent.

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.

Federal law does allow for **some exceptions**, if you have special circumstances. The following are examples of some special circumstances where you may submit your FAFSA without providing parental information:

- Your parents are incarcerated
- You have left home due to an abusive family environment
- You do not know where your parents are and are unable to contact them and you have not been adopted.

The situations listed below are **not considered** special circumstances:

- Your parents do not want to or will not provide their information on your Free Application for Federal Student Aid (FAFSA).
- Your parents refuse to contribute to your educational expenses
- Your parents do not claim you as a dependent on their income taxes
- You do not live with your parents
- You demonstrate you are self-supporting

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

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 and list dates.

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

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?

2. 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?

I certify that the information provided is true and correct and I understand that it may be used to override federal regulations regarding my dependency stats. I understand that if I purposely give false or misleading information, I may be fined, be sentenced to prison or both.

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: _____

State: _____

NOTARY SEAL

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 Completed: _____

Decision Date: _____

_____ Approved

_____ Denied

ISIR Reprocessed: _____ By: _____

Director of Financial Aid Services

Date