Guidelines to Request a Change of Dependency Status

STUDENT NAME: ___________________________  Student ID: ___________________________

The Office of Financial Aid is required by federal law to consider parental contribution for dependent students applying for federal financial aid unless the student meets one of the following conditions allowed on the 2014-2015 Free Application for Federal Student Aid.

A financial aid counselor or director may override a student’s dependency status because of “other unusual circumstances” that exist in the family, which cause parents to be unable to assist the dependent student with his/her educational expenses. The Department of Education has interpreted the phrase ‘other unusual circumstances’ in section 480(d)(7) to mean unusual circumstances that make it inappropriate to expect a parental contribution for the student. ‘Unusual circumstances’ could include, but are not limited to:

1. Student has been a victim of domestic violence and no longer resides with parents;
2. Student has been part of an abusive family environment (e.g., sexual, physical or mental abuse);
3. Abandonment by parents (i.e., no contact for one year and no support for at least one year);
4. Incarceration or institutionalization of both parents; or
5. Death of both parents or death of only parent in a single family household.

The following circumstances do not merit a dependency override:

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

The law also requires that the determination of unusual circumstance(s) be made **each award year**. A determination of independence in one year does not mean that the student would automatically be an independent student in a subsequent award year. The financial aid administrator must affirm in the subsequent year that the conditions for determining the student to be independent continue to exist and continue to make expecting a parental contribution inappropriate.

*Please note that the determination by a financial aid administrator at another institution that a student should be considered independent is not binding on DBU.*

If you believe you have an unusual circumstance that would make you independent of your parents, you are **REQUIRED** to complete the following:

- **"Request for Change of Dependency Status Student Information"** - Must be complete and signed.

- **Personal letter** - A letter stating your extenuating circumstances, what has caused you to become independent from your parents, when you became independent and how you have provided for your own necessities (shelter, food, clothing, transportation, medical care, etc).

- **Professional letter** - A letter on letterhead from a guidance counselor, physician, social worker, clergy, or other individuals who have been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow up questions.

- **Reference letters** - Two reference letters from third parties (friend, aunt, uncle, siblings, grandparents, etc.) who personally have knowledge of your situation and who can verify your circumstances. (Attached)

- **Current lease or housing agreement**

- **Paper FAFSA** - Attach your completed and signed FAFSA (available in the Office of Financial Aid), if you have not already submitted it to the federal processor. **If you have already filed your 2014-2015 FAFSA, check this box .**

- **2014-2015 Independent Income Verification Form (IVF)**

- **2013 IRS Tax Transcript and W2’s.** An IRS Tax Transcript may be requested by calling 800-908-9946.

Request for review or evaluation will not be completed until all of the above information is provided as a package.
2014-2015
Request for Change of Dependency Status
Student Information

1. Name: ___________________________________________ Date of Birth ________________

2. Current Address: __________________________ City/State/Zip: __________________________
   I have lived at this address since: Mo_____ Day_____ Year ____________

3. Do you operate a motor vehicle? Yes ☐ No ☐ Who owns the title to the vehicle? ________________
   What is their relationship to you? __________________

4. Is the insurance on this vehicle in your name? Yes ☐ No ☐
   What is the insured’s name? _______________________
   What is their relationship to you? __________________

5. Have you been in contact with your parents during the past 12 months?
   Father: Yes ☐ No ☐ If Yes, when and what was the nature of the contact? __________________________
   Mother: Yes ☐ No ☐ If Yes, when and what was the nature of the contact? __________________________

6. Have you received any financial support from your parents during the past 12 months?
   Father: Yes ☐ $ _________ No ☐  Mother: Yes ☐ $ _________ No ☐

7. Did your parents include you as part of their company or group health insurance program in the following years:
   2013: Yes ☐ No ☐  2014: Yes ☐ No ☐

8. Did anyone claim you on their 2013 tax return? Yes ☐ No ☐ If yes, who? __________________________

9. BUDGET / EXPENSE SUMMARY
   Rent/Housing __________________________  __________________
   Utilities __________________________  __________________
   Telephone __________________________  __________________
   Food __________________________  __________________
   Transportation (Car Pmts, Ins, Gas, etc) __________________________  __________________
   Health Insurance __________________________  __________________
   Personal (Clothing, etc.) __________________________  __________________
   Other __________________________  __________________
   TOTAL: __________________________  __________________

10. What is your current monthly income? $ __________ Source: __________________________

   You MUST provide the following documents with this Change of Dependency Status Request:
   1) Personal Letter
   2) Two Letters of Reference
   3) Professional Letter
   4) 2014-2015 IVF for Independent Student (www.dbu.edu/financialaid/financial_aid_forms.asp)
   5) Current Lease or Housing Agreement
   6) 2013 Tax Transcript from the IRS
   7) 2014-2015 Paper FAFSA

   I certify all information provided with this Student Information Sheet is complete and accurate.
   I understand that the decision made based on this petition ONLY effects my application for financial aid at DBU.

   Student's Signature: __________________________  Date: __________________________

   Return this form with any requested attachments to:
   Office of Financial Aid, Dallas Baptist University, 3000 Mountain Creek Pkwy, Dallas, TX, 75211
   Phone # 214-333-5363 / Fax # 214-333-5586 / email: finaid@dbu.edu

Office of Financial Aid Use Only
Counselor's Name: __________________________  Approved______ Denied_____ Date: __________________________
Remarks/Reason: __________________________
Director's Name: __________________________  Approved______ Denied_____ Date: __________________________
Remarks/Reason: __________________________  Letter ________
2014-2015
Reference Letter - #1
for
Request for Change of Dependency Status

Applicant’s Name: _________________________________________________________________________

How long have you known the applicant? _______________________________________________________

What is your relationship to the applicant? ______________________________________________________

To your knowledge, does the applicant receive any financial support from parents? □Yes   □No

Provide a detailed statement explaining your knowledge of the applicant’s unusual circumstance that has
prompted a request to change his/her dependency status for financial aid purposes. Include information
regarding the applicant’s relationship with his/her parents, why they are unable to contribute to the applicant’s
education and any additional information that will distinguish the applicant’s situation as out of the ordinary.
You may use the back of this form if needed for additional space.
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I certify that the information provided on this form is complete and accurate. I understand that I may be contacted
for further information or clarification.

Name of Reference: ___________________________________________   Relationship: ______________________

Signature of Reference: ___________________________________________  Date: __________________________

Address: ___________________________________________________City/State/Zip_________________________

Best time contact you: _________ Work Phone:(     ) _______________ Home Phone:(     ) _______________

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Phone # 214-333-5363 / Fax # 214-333-5586 / email: finaid@dbu.edu
2014-2015
Reference Letter - #2
for
Request for Change of Dependency Status

Applicant’s Name: ____________________________________________________________

How long have you known the applicant? ________________________________________

What is your relationship to the applicant? _______________________________________

To your knowledge, does the applicant receive any financial support from parents?   □ Yes  □ No

Provide a detailed statement explaining your knowledge of the applicant’s unusual circumstance that has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant’s relationship with his/her parents, why they are unable to contribute to the applicant’s education and any additional information that will distinguish the applicant’s situation as out of the ordinary. You may use the back of this form if needed for additional space.

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I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Name of Reference: ____________________________________________________________ Relationship: ______________________

Signature of Reference: ________________________________________________________ Date: __________________________

Address: ____________________________________________________ City/State/Zip____________________________

Best time contact you: _________ Work Phone:(     ) _______________ Home Phone:(     ) _______________

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