



2017-2018
Guidelines to Request a
Change of Dependency Status

SSN: _____

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 2017-2018 Free Application for Federal Student Aid.

A financial aid counselor or director may override a student's dependency status if "other unusual circumstances" exist in the family and create a situation where the student must cover his or her educational expenses without the parents' help. The Department of Education has interpreted the phrase 'other unusual circumstances' in section 480(d)(7) to mean unusual circumstances that make it unreasonable 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 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 verification documents;
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 a Change of Dependency Status processed by another institution is not binding on DBU.

If you believe you have an unusual circumstance that would make you independent of your parents, 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 individual who has 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
2017-2018 Independent Income Verification Form (IVF) - see http://www2.dbu.edu/financial-aid/index.php?action=fin-aid-forms
2015 IRS Tax Transcript and W2's. An IRS Tax Transcript may be requested by calling the IRS at 800-908-9946.

Request for review or evaluation will not be completed until all of the above information is provided as a package. All information provided will be kept strictly confidential.

Dependency Override

17/18



**2017-2018
Request for Change of Dependency
Status Student Information**

SSN: _____

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
is the insured's name? _____ What is
their relationship to you? _____ What is

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? If so, list amount.

Father: Yes \$ _____ No Mother: Yes \$ _____ No

7. Did your parents include you as part of their company or group health insurance program in the years:

2016: Yes No 2017: Yes No

8. Did anyone claim you on their 2015 tax return? Yes No If yes, who? _____

<u>BUDGET / EXPENSE SUMMARY</u>	<u>2016 Monthly Expenses</u>	<u>2017 Monthly Expenses</u>
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) 2017-2018 IVF for Independent Student (<http://www2.dbu.edu/financial-aid/index.php?action=fin-aid-forms>)
- 5) Current Lease or Housing Agreement
- 6) 2015 Tax Transcript from the IRS
- 7) 2017-2018 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 affects 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
Please scan, attach, and email to finaid@dbu.edu or fax (214)-333-5586.**

Dependency Override

17/18

Office of Financial Aid Use Only			
Counselor's Name: _____	Approved _____	Denied _____	Date: _____
Remarks/Reason: _____			
Director's Name: _____	Approved _____	Denied _____	Date: _____
Remarks/Reason: _____			Letter _____



2017-2018
Reference Letter - #1
Request for Change of Dependency Status

SSN: _____

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.

[Multiple horizontal lines for providing a detailed statement]

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 to contact you: _____ Work Phone:() _____ Home Phone:() _____

Return this form with any requested attachments to:
Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach, and email to finaid@dbu.edu or fax (214)-333-5586.

Dependency Override

17/18



2017-2018
Reference Letter - #2
Request for Change of Dependency Status

SSN: _____

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.

[Multiple horizontal lines for providing a detailed statement]

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 to contact you: _____ Work Phone:() _____ Home Phone:() _____

Return this form with any requested attachments to:
Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach, and email to finaid@dbu.edu or fax (214)-333-5586.

Dependency Override

17/18