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 2015-2016 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 2015-2016 FAFSA, check this box □.**

- **2015-2016 Independent Income Verification Form (IVF)**

- **2014 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.
2015-2016
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:
   2014: Yes ☐ No ☐ 2015: Yes ☐ No ☐

8. Did anyone claim you on their 2014 tax return? Yes ☐ No ☐ If yes, who? ____________________________

9. BUDGET / EXPENSE SUMMARY

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<tr>
<th></th>
<th>2014 Monthly Expenses</th>
<th>2015 Monthly Expenses</th>
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<td>Personal (Clothing, etc.)</td>
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<td>Other</td>
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   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
   5) Current Lease or Housing Agreement
   6) 2014 Tax Transcript from the IRS
   7) 2015-2016 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 __________
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 to contact you: _______ Work Phone:(     ) _______________   Home Phone:(     ) _______________
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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Signature of Reference: ___________________________ Date: ___________________________
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