



## Dependency Status Appeal 2016-17

Student Name: \_\_\_\_\_ Social Security: XXX-XX Student ID: \_\_\_\_\_  
(last four digits only)

Please complete this form entirely and provide all required documentation. Appeals that do not include required documentation will not be considered.

As of today, are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously appealed your dependency status at TCC? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Description of Dependency Status

Please provide a detailed explanation of the circumstance that is the basis for this appeal. Include the reason for why you are not able to provide parental information on the Free Application for Federal Student Aid.

Please note that the following reasons are NOT appropriate basis for an appeal of your dependency status:

- **Parents refuse to contribute to the student's educational expenses.**
- **Parents are unwilling to provide information on the FAFSA or for verification.**
- **Parents do not claim the student as a dependent for income tax purposes.**
- **Student demonstrates total self-sufficiency.**

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### Parental Information

What is your father's current marital status? Please circle one:

Single      Separated      Married      Divorced      Widowed      Unknown

What is your mother's current marital status? Please circle one:

Single      Separated      Married      Divorced      Widowed      Unknown

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

**Parental Information (continued)**

**Please answer the following questions:**

Did you live with a parent during the 2015 calendar year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, when did you last live with a parent? \_\_\_\_\_

Date of last contact with parent(s) \_\_\_\_\_

Do you receive financial support or gifts from your parent(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the approximate value of support received last year: \_\_\_\_\_

**Employment History**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please describe how you meet your current living expenses: \_\_\_\_\_

**Supporting Documentation**

- If you are currently employed, please provide a letter from your employer indicating the average number of hours that you work each week, and current hourly rate.
- Please provide at least **two letters** from two separate **third-party** sources confirming your statements regarding your situation. **Examples** of an acceptable third-party source **may** include: counselors or teachers, clergy, community groups, government agencies, medical personnel, courts, or prison administrators, human services agent, homeless shelter administrator, etc. This person should present only the facts and details considered necessary to verify your statements. This should not take the form of a personal recommendation or request for financial aid assistance, but rather should only address the circumstances surrounding your history and current living situation. Letters must be printed on third party agency letterhead. These letters must be submitted with this appeal. If you are unable to provide a letter from a third party, please provide a detailed, written letter explaining your situation and why you cannot provide third-party documentation.
- Legal documents that support the statements you have made regarding your situation (court documents, death certificate, etc.).

***My signature certifies that the information in this appeal is true and correct and that I am providing an accurate description of my personal situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

List of Included Items:

Court documents granting custody to someone other than the student's parents	_____ Yes	_____ No
Copy of death certificate of student's parent(s)	_____ Yes	_____ No
Two letters confirming student's statements	_____ Yes	_____ No
Verification Worksheet 2016-17	_____ Yes	_____ No
Student's Federal Tax Transcript for 2015	_____ Yes	_____ No

Reviewed by Coordinator Initials _____ Date _____  Scanned and sent to Central Financial Aid Initials _____ Date _____
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