



Dependency Status Appeal 2017-18

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.**

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: _____

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Parental Information (continued)

Please answer the following questions:

Did you live with a parent during the 2016 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:

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|--|-----------|----------|
| 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 2017-18 | _____ Yes | _____ No |
| Student's Federal Tax Return Transcript for 2015 | _____ Yes | _____ No |

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