

2016-2017 Request for Independent Status

Student First Name: _____ Student Last Name: _____ ID: _____

DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

You may use this form to request a review of extenuating circumstances regarding your independent status as discussed with a Financial Aid Advisor. **Please submit all documents at the same time**, and write your name and Student ID at the top of every document.

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

The basic premise underlying student financial aid is that it is primarily the responsibility of the student and his or her family to pay education costs. When family resources are insufficient, financial aid may be awarded to supplement the resources of the student's family to help pay educational expenses. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay part of your college costs. Only very extenuating circumstances will make it reasonable to approve such a petition.

None of the conditions listed below qualify as unusual circumstances meriting a dependency override:

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

Unusual circumstances include an abusive family environment or abandonment by parents and may cause any of the above conditions. In such cases, a dependency override might be warranted.

For your petition to be considered:

1. You must not have been claimed as a tax exemption by any parent or step-parent in 2015.
2. Your parents' or step-parent may not have used you as the basis to file the income tax return as "head of household," and
3. You may not have lived with your parents for the last 2 years.

STEP 1: Complete the 2016-2017 FAFSA at www.fafsa.gov.

If you feel there are extenuating circumstances, which might warrant you being considered independent of your parents, you do not need to provide parental information when filling out the FAFSA. Your school will receive an incomplete Student Aid Report (SAR) and will be asking you for documentation to support your claim.

STEP 2: Indicate whether you are requesting a dependency override for the first time, or are requesting a renewal of a previously granted dependency override.

____ NEW REQUEST FOR INDEPENDENT STATUS CHECKLIST

If this is your first time submitting a dependency override request, please turn in all of the following information at the same time. We cannot process a request without all documentation, and additional documentation may be requested.

1. A copy of your 2015 federal income tax return transcript (must be from IRS office) or IRS Data Retrieval on FAFSA and W2's, and any income or resources received in 2015 that are not reported on your tax return.
2. A letter from you explaining your extenuating circumstances. *Attach any relevant documentation that you think may support your petition.*
3. Complete page 2 of this form in its entirety and sign and date it
4. Attach at least one letter from a friend or relative that can attest and describe your extenuating circumstances.
5. Attach another letter from a professional such as doctor, teacher, clergy, or counselor who can document the same (must use official letterhead or stationery).
6. Documentation of where you have lived since January 2014 (e.g., signed lease agreements, housing contract, statement from person providing housing and relationship to you).

____ RENEWAL REQUEST FOR INDEPENDENT STATUS CHECKLIST

If you were granted a dependency override in 2015-2016, please turn in all of the following information. We cannot process a request without all documentation, and additional documentation may be requested.

1. Submit updated letter detailing the special circumstance that makes you independent from your parents.
2. A copy of your 2015 federal income tax return transcript (must be from IRS office) or IRS Data Retrieval on FAFSA and W2's, and any income or resources received in 2015 that are not reported on your tax return.
3. Complete page 2 of this form in its entirety and sign and date it.

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STEP 2: Complete the tables below by selecting the applicable box.

TABLE 1: LIVING ARRANGEMENTS

	On-Campus	Off-Campus	With Parents	Other
Where did you live in 2015?				
Where will you live in 2016?				

TABLE 2: DEPENDENCY QUESTIONS

	Yes	No
Did/Will your parent(s) claim you on their federal tax return for 2015?		
Did your parent(s) provide your health insurance for 2015?		
Will your parent(s) provide your health insurance for 2016?		
Did your parent(s) provide your auto insurance for 2015?		
Will your parent(s) provide your auto insurance for 2016?		

TABLE 3: MEANS OF SUPPORT

	2015	2016	
Work Income	\$	\$	Name of employer:
Value of other resources	\$	\$	Sources (please circle all that apply): Monetary gifts, interest income, family allowance, free rent, Other:
Student Financial Aid	\$	\$	Types (please circle all that apply): Scholarships, loans, grants, tuition assistance Other:
Benefits	\$	\$	Types (please circle all that apply): Social Security, SSI, SNAP, TANF, WIC Other:

TABLE 4: AVERAGE MONTHLY BUDGET

Rent/Mortgage	\$
Utilities	\$
Telephone	\$
Car Payment	\$
Car Insurance	\$
Health Insurance	\$
Other Personal Expenses	\$
TOTAL EXPENSES:	\$

TABLE 5: STUDENT ASSETS

Current balance of cash, savings and checking	\$
Current net worth of investments, including real estate (not your home)	\$
Current net worth of business and/or investment farm	\$
Other Untaxed Income (includes any child support received)	\$

Certifications and Signatures

*By signing this form, I certify that all information reported on this worksheet is complete and correct to the best of my knowledge. I authorize the Financial Aid Office to make corrections necessary to resolve any discrepancies found. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.***

Student Signature _____

Date ____/____/____

Please submit to either of the following UTRGV locations:

The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229	Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392
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For Office Use Only:

Approved _____ Denied _____ Comments: _____

Committee Initials _____ FAO processor _____ Date _____