



2021-2022 Request for Independent Status

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

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

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

NOTE: None of the conditions listed below qualify as unusual circumstances meriting a dependency override. If this is the case, please stop here. A dependency override will not be granted.

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.

STEP 1: If any of the below circumstances apply to you, please proceed to step 2. For your petition to be considered:

1. You must not have been claimed as a tax exemption by any parent or step-parent in 2019 or 2020.
2. You may not have lived with your parents for the last 2 years.
3. Any unusual circumstance not already listed on this form. Unusual circumstances include an abusive family environment or abandonment by parents.

IMPORTANT: Once you have submitted your request for independent status, please **DO NOT** make any corrections to your FAFSA application as it may cause a delay in your request.

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 (PJDO)

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.

- ☐ A copy of your 2019 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 2019 that are not reported on your tax return.
- ☐ A signed personal statement from you explaining your extenuating circumstances. *Attach any relevant documentation that you think may support your petition.*
- ☐ Complete pages 1-4 of this form in its entirety and sign and date it
- ☐ Attach at least one letter from a friend or relative that can attest and describe your extenuating circumstances.
- ☐ Attach another letter from a professional such as doctor, teacher, clergy, or counselor who can attest to your situation (must use official letterhead or stationery).
- ☐ Documentation of where you have lived since January 2019 (e.g., signed lease agreements, housing contract, statement from person providing housing and relationship to you).

____ **RENEWAL** REQUEST FOR INDEPENDENT STATUS CHECKLIST (PJDOR)

If you were granted a dependency override in 2020-2021, please turn in all of the information listed below. We cannot process a request without all documentation, and additional documentation may be requested.

- ☐ Submit updated letter detailing the special circumstance that makes you independent from your parents.
- ☐ A copy of your 2019 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 2019 that are not reported on your tax return.
- ☐ Complete pages 1-4 of this form in its entirety, sign and date it.

STEP 3: Complete the tables below by selecting the applicable box.

	On-Campus	Off-Campus	With Parents	Other
Where did you live in 2019?				
Where will you live in 2020?				

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	\$

Please Print Your Statement

[illegible]

Student Signature _____

Date / /

- Email to: finaid@utrgv.edu
- By mail to: **UTRGV U Central**, Visitors Center 1.113, 1201 W. University Drive, Edinburg, TX 78539
- Physical Drop off to locations listed below:

**Edinburg U Central Location:
Student Services Bldg., First Floor
1201 West University Drive
Edinburg, Texas 78539
Ph: (888) 882-4026**

Independent Verification Worksheet

IVWS

Student's Name: _____ Student ID: _____

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Please answer the following questions to verify information reported on your FAFSA, then electronically sign the document by pressing 'Sign' and submit the form by clicking 'Finish'.

MARITAL STATUS

What was your marital status as of the date you filed your FAFSA?

- ☐ Single (Never Married) ☐ Married/Remarried (Date: _____)
☐ Separated (Date: _____) ☐ Divorced or Widowed (Date: _____)

HOUSEHOLD SIZE

List the people in your household, including:

- Yourself (and your spouse, if applicable).
- Your children only if you and/or your spouse will provide more than half of their support from July 1, 2021 through June 30, 2022.
- Other people if they now live with you AND you or your spouse provided more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.

Name of Family Member	Relationship to Student	Date of Birth	Email Address
	Self		

COLLEGE ENROLLMENT

Write in the name of the college/university for any household members listed above who will attend college at **least half-time** between July 1, 2021 and June 30, 2022 and will be enrolled in a degree, diploma, or certificate program.

Name of Family Member	Relationship to Student	College Name
	Self	UTRGV

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student 2019 Income Information

Were you a resident of the United States in 2019? ☐ Yes ☐ No

☐ I filed a 2019 Tax Return. **OR**

☐ I will file a 2019 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

*Complete this section if you **DID NOT** file a 2019 Tax Return.*

☐ I, _____ am not required to file a 2019 Tax Return.
Student's Name

Did you earn wages in 2019? ☐ Yes ☐ No

Employer's Name	Total Amount Earned in 2019	W2 Issued?
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse 2019 Income Information

Spouse's SSN: _____

Was your spouse a resident of the United States in 2019? ☐ Yes ☐ No

☐ My spouse filed a 2019 Tax Return. **OR**

☐ My spouse will file a 2019 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

*Complete this section if you **DID NOT** file a 2019 Tax Return.*

☐ My Spouse, _____ was not required to file a 2019 Tax Return. (complete if applicable)
Spouse's Name

Did your spouse earn wages in 2019? ☐ Yes ☐ No

Employer's Name	Total Amount Earned in 2019	W2 Issued?
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student

Date

You can upload your document(s) at Document Central: www.utrgv.edu/documentcentral