

2024-2025 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 2022 or 2023.
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 documents listed below at the same time. We cannot process a request without **all** documentation. Depending on the information you submit, additional documentation may be requested,

- ☐ A copy of your 2022 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 2022 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.*
- ☐ Provide at least **one or more** of the documents below to support your circumstances.
 - A written letter from a third-party agency attesting to your unusual circumstances (high school counselor, your local Health and Human Services Office, Emergency Community Shelter or Clergy) and are familiar with your circumstances. **IMPORTANT NOTE:** A letter from a personal friend or acquaintance does not meet requirements as a third-party letter.
 - A documented written statement from an attorney, guardian ad litem, or a court-appointed special advocate, or a person serving in a similar capacity which confirms the specific unusual circumstances and documents the person's relationship to the student.
 - A written letter from a public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence, which may include domestic violence.
 - A documented phone call or written statement from a representative at an institution of higher education that confirms the circumstances and their relationship to the student.
 - A documented phone call or written statement, which confirmed the unusual circumstances from a public or private agency, facility or program servicing the victims of abuse, neglect, assault, or violence.
- ☐ Complete pages 1-4 of this form in its entirety and sign and date it

****If you were granted a dependency override in 2023-2024 and your circumstances have changed please meet with a Financial Aid Advisor.***

[illegible]

Current balance of each savings and checking	€
--	---

[illegible]

Fall 2024
Spring 2025
Summer 2025



2024-2025
Academic Year

Independent Verification Worksheet

IVWSHT

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’.

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, 2024 through June 30, 2025.
- 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, 2024, through June 30, 2025.

COLLEGE ENROLLMENT

Write in the name of the college/university for any of the household members who will attend college at **least half-time** between July 1, 2024 and June 30, 2025 and will be enrolled in a degree, diploma, or certificate program.

Name of Family Member	Relationship to Student	Age	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 ina

Student 2022 Income Information

Were you a resident of the United States in 2022? ☐ Yes ☐ No

☐ I filed a 2022 Tax Return. **OR**

☐ I will file a 2022 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

*Complete this section if you **DID NOT** file a 2022 Tax Return.*

☐ I, _____ am not required to file a 2022 Tax Return
Student's Name

Did you earn wages in 2022? ☐ Yes ☐ No

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 Signature *(Not Typed)* Date

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

