

2026-2027 Initial 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.

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.

____ **NEW REQUEST** FOR INDEPENDENT STATUS CHECKLIST (PJDO)

Initial request for Independent status must 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.

- ☐ Provide at least **one or more** of the documents below to support your circumstances. (indicate all that apply to you by checking off the item). **Note:** If you are unable to provide at least one of the documents listed below, **please stop here**. **A dependency override will not be granted.**
 - ☐ 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.
- ☐ A copy of your 2024 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 2024 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

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

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:

<p>Brownsville U Central Location: The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026</p>	<p>Edinburg U Central Location: Student Services Bldg., First Floor 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026</p>
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Fall 2025
Spring 2026
Summer 2026



2026-2027
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, 2026 through June 30, 2027.
- 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, 2026, through June 30, 2027.

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, 2026 and June 30, 2027 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 inaccurate.

Student 2024 Income Information

Were you a resident of the United States in 2024?

☐ Yes

☐ No

2024 Student Filing Status

☐ I filed a 2024 Tax Return.

OR

☐ I will file a 2024 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

*Only Complete this section if you **DID NOT** file a 2024 Tax Return.*

☐ I, _____ am not required to file a 2024 Tax Return
Student's Name

Did you earn wages in 2024? ☐ 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