2014-2015 DEPENDENCY CHANGE REQUEST FORM

A student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed in Step 3 of the Free Application for Federal Student Aid (FAFSA), you will be evaluated as a dependent, meaning your parents must provide income and asset information. <u>Per federal regulations, a parent's unwillingness to provide their financial data, a student's living arrangement, or the student's ability to support themselves financially do not solely constitute grounds for a <u>student to be considered independent</u>. If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, provide the following so that your financial aid counselor may make this determination. You may be asked for additional documentation depending on your individual situation. Please keep in mind that the review process can take 1-2 weeks to complete. You may submit this appeal with any supporting documentation to the address listed above.</u>

PLEASE NOTE: IF YOU ARE APPROVED FOR A DEPENDENCY APPEAL YOUR DEPENDENCY STATUS MUST BE RE-EVALUATED EACH YEAR (SEE RENEWAL DEPENDENCY CHANGE REQUEST FORM) UNTIL YOU ARE AUTOMATICALLY CONSIDERED INDEPENDENT BY FEDERAL CRITERIA.

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Maverick ID Number	
				/ /
Street Address	City	State	Zip Code	Date of Birth

You MUST:

Complete and submit the 2014-2015 Free Application for Federal Student Aid (FAFSA) online at <u>www.fafsa.ed.gov</u> to the best of your ability. You should retrieve your tax information for the FAFSA via the IRS Data Retrieval process. Remember to include UTA's Title IV code (003656) so that the information may be released to UTA.

Section B – Dependency Change Request Documentation

- Attach a typed **<u>one-page</u>** explanation of your exceptional circumstance. Your explanation should be clear and concise, signed, dated and must include a complete history of:
 - Your relationship with your biological and/or legally adoptive parents include their first and last names, when you last spoke with each parent, and their last known address
 - Specific dates of events that caused your separation from your parents include how long you have been separated from your parent(s) and your current address/phone number
 - Do you have siblings include their names, ages, and where they live. Also describe your relationship with them
 - Where you have lived since separating from your parents include how long you have lived at each address
 - Your sources of income include a copy of your 2013 federal tax transcript or you must retrieve your tax data for the FAFSA via the IRS Data Retrieval process; include a copy of all your 2013 W2's if not required to file
 - How you have supported yourself while living apart from your parents you should state if you have auto and/or health insurance and who pays for them – include a copy of your card(s)
- Two signed and dated letters from <u>professionals (on their letterhead</u>) documenting their first-hand knowledge of your exceptional circumstance. Each letter must include the writer's contact information including their address and phone number. Examples of professionals include: clergy, counselors, social workers, police, physicians, etc.
 - Letters should be detailed and refer to actual events they should not be reiterations of events you have shared, but should reflect the writer's direct knowledge
- One signed and dated letter from <u>non-professional</u> documenting their first-hand knowledge of your exceptional circumstance. Examples of non-professionals include: family members, neighbors and close friends of the family.
 - Letters should be detailed and must include the writer's contact information including their address and phone number. If you currently live with a family member or close friend, one of your non-professional letters should be from this person; if you have siblings, one of your non-professional letters should be from the form one of them

Section C – Student Signature

By signing and dating this form I acknowledge that I understand that completion of this request does not ensure a change in dependency status or receipt of additional financial aid. I also understand that intentionally making false statements or misrepresentations will mean that my request is cancelled and that my case may be referred to the Office of Student Conduct for review.

FOR OFFICE USE ONLY

Date Reviewed / / Comments:	Approved	Denied	
Financial Aid Counselor		Financial Aid Counselor Signature	

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Updated 02/17/14