



2014-15 Dependent to Independent Appeal Form

STUDENT NAME: _____ STUDENT ID # _____

This Appeal Form is for students requesting Independent Student Status as a result of a **complete separation from their parents due to an extreme extenuating circumstance**. Your Appeal for change in dependency status must be based on documentation of abandonment, abuse, neglect or other extenuating circumstance resulting in you not having contact with your parents. The following conditions **do not** qualify as extenuating or unusual circumstances:

- Parent(s) refusal to contribute to your education
- Parent(s) unwilling to provide income information for the FAFSA or for verification
- Parent(s) not claiming you as a dependent for income tax purposes
- Undergraduate student under age 24 that chooses to live away from parents

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS FORM TO THE FINANCIAL AID OFFICE:

1. A written detailed Appeal Statement explaining your independent student status that must include:
 - a. How often you have contact with your biological parents,
 - b. the last time you had contact with them, and
 - c. the last time you resided in the home of at least one of your biological parents.
2. Third Party Documentation (i.e., High School Counselor, Children Services Counselor, Psychologist, Legal Documents, etc.) supporting your Appeal Statement that you are separated from your parents.
3. Proof of Economic Self-Sufficiency, (i.e., lease, rent receipts, utility bills, etc.) along with 2012 and 2013 Federal Income Tax forms (including all schedules), and/or proof of other sources of income for 2012 and 2013.
4. Other _____

PLEASE ANSWER THE FOLLOWING:

How are you currently paying for your own living expenses? _____

What are your expenses? Please complete the below estimated annual calendar year expenses:

EXPENSES (If any amounts are zero, please explain.)	2014(JAN-DEC)	2014(JAN-DEC)
Housing (Room and Board)	_____	_____
Transportation	_____	_____
Car payments, insurance, gas, maintenance	_____	_____
Utilities	_____	_____
Gas, electric, water, internet	_____	_____
Personal (clothing, entertainment)	_____	_____
Other	_____	_____
TOTAL	_____	_____

CERTIFICATION: I certify all of the information included with this form is true and complete to the best of my knowledge. I agree to give further proof of the information provided if asked by a Financial Aid Counselor.

STUDENT'S SIGNATURE: _____ DATE: _____

Incomplete appeals or appeals without sufficient. Documentation will be incomplete and rejected. Return to UDC, Financial Aid Office, 4200 Connecticut Ave. NW, Bldg 39, Room A-111.

Please allow up to two weeks for an appeal response. You must check your my.UDC.edu student portal for your appeal determination.