



# 2015-16 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 2013 and 2014 Federal Income Tax forms (including all schedules), and/or proof of other sources of income for 2013 and 2014.
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.)	2013(JAN-DEC)	2014(JAN-DEC)
Housing (Room and Board)	_____	_____
Transportation	_____	_____
Car payments, insurance, gas, maintenance	_____	_____
Utilities	_____	_____
Gas, electric, water, internet	_____	_____
Personal (clothing, entertainment)	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____

**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. I also understand that if approved, this appeal will not automatically be renewed for subsequent academic years. I must submit a new appeal each academic year.*

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Appeals without sufficient documentation will be deemed incomplete and/or denied. Please allow up to two weeks for an appeal response. You may check the status of your appeal by signing into your MyUDC portal, my.udc.edu.**

Please submit to the UDC Financial Aid Office  
Van Ness Campus, Building 39, A-133 or at 801 North Capitol, 3<sup>rd</sup> Floor, Room 305  
Fax: 202-274-6060 Email: [finaid@udc.edu](mailto:finaid@udc.edu)