



2019-2020 Dependency Change Request

Student Name: _____ TTU R# _____

Student Email: _____ Phone # _____

You may use this form to request a review of extenuating circumstances regarding your dependency status. Only students who can verify extenuating or unusual circumstances (i.e. abuse, family alcoholism, drug abuse, etc.) with documentation from an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.) may qualify.

The following examples will NOT make you independent:

- *Parents refuse to contribute financially to your education
- *Parents refuse to provide information necessary to complete the FAFSA
- *Parents do not claim you as a dependent for income tax purposes
- *You demonstrate self-sufficiency

Required Documentation

____ FAFSA, www.FAFSA.ed.gov (Your FAFSA must be on file before a dependency change can be processed.)

____ Submit a letter detailing the circumstances which make you independent from your parents. You must describe your current relationship (even if it is non-existent with both parents). Address the following:

1. The nature of your relationship (include court/legal documentation if applicable)
2. The date and place of your last contact with parents
3. The length of time you have supported yourself

____ Letters from individuals who can verify the nature of the relationship; three letters are preferred, with at least one from a professional (counselor, clergy, law enforcement, etc.)

____ 2017 Tax Return Transcript (www.irs.gov) and all 2017 and 2018 (if available) W-2s (1040 TAX RETURNS CANNOT BE ACCEPTED)

____ Marriage--If you are now married, provide a copy of your marriage license and a copy of your spouse's 2017 Tax Return Transcript and W2s.

RESOURCE INFORMATION

Please complete the items below listing your living expenses for 2018 and the resources used to pay for these expenses. If multiple sources contributed to any expenses, please list each source separately detailing the amount they provided. Please complete every field. Amounts of zero may require further explanation.

Annual Expenses	Annual Amount \$	Who helps with this expense? (friend, relative, financial aid, etc.)
Rent/Mortgage _____		
Food _____		
Utilities (phone, cable, electric, internet) _____		
Auto insurance _____		
Car payment _____		
Fuel, Travel Expenses _____		
Child Care _____		
Miscellaneous _____		

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form. I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed.

Student Signature _____

Date _____