



Dependency Change Request 2020-2021

Name: _____ TSTC ID: _____

Email: _____ Phone: _____

Financial Aid applicants who do not meet the definition of an independent student as defined by the U.S. Department of Education who believe they are independent should read and complete this form.

The Higher Education Act allows an aid administrator to make dependency overrides on a **case-by-case** basis for students with unusual circumstances. If the administrator determines that an override is appropriate he/she must document the unusual circumstance, however **none** of the conditions listed below, singly or in combination qualify as unusual circumstances or merit a dependency change:

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.**

INSTRUCTIONS

NEW REQUEST FOR DEPENDENCY CHANGE CHECKLIST

If this is your first time submitting a Dependency Change request, please turn in all of the following information at the same time. We cannot process a request without all documentation and additional documentation may be requested.

1. A letter **explaining** your extenuating circumstances and why you believe you should be considered independent. Letter should clearly explain why you do not live with your Parent(s).
2. A copy of your 2018 federal income tax return, or IRS Data Retrieval on FAFSA. If you worked, but were not required to file a tax return please provide a copy all W2's for any income earned in 2018. If you did not work please provide a statement for any untaxed income received in 2018.
3. Complete a Household size worksheet for an independent student.
4. Attach at least one reference letter from a friend or relative that knows about your situation and why you do not live with your parents.
5. Attach at least one reference letter from a professional such as a high school teacher, counselor, principal, superintendent, prison administrator, government agency or court official, doctor or clergy who know about your situation and why you do not live with your parents. Letter must be typed/written on official school or company letterhead.

RENEWAL REQUEST FOR DEPENDENCY CHANGE CHECKLIST

If you were granted a dependency change in 2019-2020, please turn in all of the following information at the same time. We cannot process a request without all documentation and additional documentation may be requested.

1. An updated letter explaining your extenuating circumstances and why you do not live with your parents.
2. A copy of your 2018 federal income tax return, or IRS Data Retrieval on FAFSA. If you worked, but were not required to file a tax return please provide a copy all W2's for any income earned in 2018. If you did not work please provide a statement for any untaxed income received in 2018.
3. Complete a Household size worksheet for an independent student.

TSTC ID: _____

Name: _____

STUDENT INFORMATION

1. Where do your parents live?

Father's Address:

Street City State

Mother's Address:

Street City State

2. Where did you live in 2019?

Where will you live in 2020?

3. How are your living expenses (food clothes shelter) paid for?

4. Please list sources of income and/or resources you received in 2019 and 2020.

Sources	2019 Amounts	2020 Amounts
Income/Wages	\$	\$
Savings	\$	\$
Social Security Benefits	\$	\$
TANF	\$	\$
Unemployment Benefits	\$	\$
Support from Others	\$	\$
Other (Specify)	\$	\$

Processing your Dependency Change request may take up to 2 weeks from the time it is submitted or longer during peak registration time. Incomplete documentation will delay the review process. Any tuition and fees you owe the college are due on the date specified regardless of the status of your Dependency Change request. Payment arrangements should be made while your request is reviewed.

You acknowledge that it is your responsibility to check on the status of this Dependency Change request. Your signature on this document binds you to all conditions stated within.

Student Signature: _____ Date: _____



Reference 2020-2021

TSTC ID: _____

Name of Student: _____

1. How long have you known the Student? _____
2. With whom does the Student live? _____
3. Please explain in a detailed letter (on your school/company/business letterhead) what you know about the student's situation and why he/she does not live with his/her Parent(s). Please seal the letter in an envelope and attach it to the back of this form.

Please only address the facts related to the student's claim that he or she is independent. This is not a reference about the student's character, or their commitment to getting an education; statements to that effect will not have any bearing on the committee's decision.

I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: _____

Signature of Reference: _____

Title or relationship to applicant: _____

Address, City, State, Zip Code & Phone Number: _____

Date: _____



Reference 2020-2021

TSTC ID: _____

Name of Student: _____

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- 2. With whom does the Student live? _____
- 3. Please explain in a detailed letter (on your school/company/business letterhead) what you know about the student's situation and why he/she does not live with his/her Parent(s). Please seal the letter in an envelope and attach it to the back of this form.

Please only address the facts related to the student's claim that he or she is independent. This is not a reference about the student's character, or their commitment to getting an education; statements to that effect will not have any bearing on the committee's decision.

I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: _____

Signature of Reference: _____

Title or relationship to applicant: _____

Address, City, State, Zip Code & Phone Number: _____

Date: _____