

Federal regulations require that a student must provide parent income information on the Free Application For Federal Student Aid (FAFSA) if the student cannot answer "Yes" to any of the questions in step three. In the event that a student has unique and extraordinary circumstances, as a result of which parent information cannot be provided on the FAFSA, the student may appeal, on the basis of the criteria listed below, for the Financial Aid Office to override their dependency status. You must meet one of the criteria listed below to be considered for an appeal. Parent unwillingness to provide information or contribute/pay for school expenses are **not** acceptable reasons for an appeal request. Only well documented appeals will be considered by the Financial Aid Office.

Student Name: _____ Student ID#: _____

Please check (√) the item below that applies to your specific situation.

___ You have been separated from your parents because of an unsafe home environment, or your parent has been institutionalized or is in a correctional facility. Documentation from a court or social service agency must be provided with this form.

___ You have been separated from your parents, come from a documented background of historical poverty, and are living with a relative or someone who is supporting you.

All appeals must be accompanied by the following (with student name and ID clearly labeled on each):

- An explanation, written by the student, of their circumstances
- All supporting documentation (court documents, police reports, social service agency reports)
- Copy of Student's 2016 Federal IRS Tax Return Transcript OR use of the Data Retrieval Tool on the FAFSA and W-2's
- Complete the expenditures section of this form
- One letter from a non-family member that can attest to the student's situation. Examples of such a person include, but are not limited to: teacher, counselor, employer, clergy, social worker, attorney, court official, psychiatrist, psychologist, medical professional, law enforcement agent, etc.

Instructions for third party reference

Third party documentation must be on a **separate** sheet of letterhead paper. Please include any information of which you have firsthand knowledge and that you feel best describes the student's situation. The following is a list of information that **must** be included in your letter:

- I. How long have you known the student?
- II. What is your relationship to the student?
- III. When was the last time the student lived with and/or received financial support from his/her parents?
- IV. What knowledge do you have of the student's relationship with his/her parents?

V. What steps has the student taken to establish independence from his or her parents?

Please make sure to include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required.

Student Expenditures:

Please state in each category (where applicable) the dollar amount paid in 2016 on your behalf. We will not accept all zeroes or an incomplete form.

Categories	Monthly Amount	By Whom (Relative, Roommate, etc.)
1. Rent (any amount paid on your behalf)	\$	
2. Utilities (Gas/electric, Phone, Water, etc.)	\$	
3. Cell Phone	\$	
4. Automobile Payments	\$	
5. Automobile Insurance	\$	
6. Automobile Maintenance/gas (Transportation)	\$	
7. Life Insurance	\$	
8. Health Insurance	\$	
9. Other Medical expenses paid on your behalf	\$	
10. Credit cards (bills paid on your behalf)	\$	
11. Clothing	\$	
12. An Allowance	\$	
13. Miscellaneous expenses: (please list in a & b)		
a.	\$	
b.	\$	

Student Certification:

I certify that the information provided on this form is true and correct.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.

I understand that if my situation changes in any way, (for example, if I move back with my parents or receive any kind of support from them), that I must report this information to the Financial Aid Office.

I understand that by signing this form, I authorize the Financial Aid Office to contact my third party reference and verify any information supplied on this form.

Student Signature: _____ **Date:** _____