

Please return this form to:Wilmington College93Pyle Center Box 1184801870 Quaker WaywilWilmington, OH 4517750

937.382.6661 800.341.9318 x600 wilmington.edu <u>sos@wilmington.edu</u> 937.383.8564 f

2023-2024 DEPENDANCY APPEAL/REQUEST FOR INDEPENDENT STATUS

SECTION A: STUDENT INFORMATION		
Student's Name:		ID #:
Permanent Address:		
Сіту:	State:	ZIP:
Cell Phone:	EMAIL:	
	REMENTS AND INSTRUCTIONS	
In most cases your financial aid eligibility must be determined using your biological/adoptive parents' income and asset information. However, if your family circumstances are such that you are unable to live with and be supported by your biological/adoptive parents, your dependency status may be re-evaluated due to any of the reasons noted below: 1) The <u>involuntary</u> dissolution of the family due to abuse, death, or imprisonment or 2) Your parents are physically or mentally incapacitated or 3) You have not been in legal custody of your biological parents.		
The U.S. Department of Education requires documentation to be submitted to the Student One Stop Center in order to determine if the circumstances warrant a dependency override. Dependency overrides are performed on a case-by-case basis. Even if you were eligible for an override in a previous academic year or at a previously-attended institution, you may not qualify for an override in the future.		
	Education has mandated that the following conditions, singly o d WILL NOT be considered:	r in combination, DO NOT merit a
 Parents' refusal to contribute to your education; Parents' unwillingness to provide information on the FAFSA or for verification purposes; Parents do not claim you as a dependent for income tax purposes; You (student) demonstrate total self-sufficiency by not residing with parents. Appeals will not be considered until the One Stop Center has received all required documentation as noted below. If this appeal is approved, it is only valid for the 2023-2024 academic year. Your dependency status must be evaluated each year. Please allow up to 8 weeks for your appeal to be reviewed.		
SECTION C: REQUIRE	D DOCUMENTATION	
	HE FOLLOWING AND UPLOAD TO YOUR FINANCIAL AID STUDENT SELF-SE	RVICE PORTAL.
 Indepe 	ndent Household Verification Form.	
 Signed 	copy of your 2021 Federal Income Tax Return Form 1040 (including Sc	hedules 1, 2, 3, C and F if applicable).
 Studen 	t Tax Filing Status Verification Form (non-tax filer).	
• Сору о	f all 2021 W-2 Statements (non-tax filer only).	
 UPLOAD A NOTARIZED PERSONAL STATEMENT with this appeal, explaining the circumstances of your current family situation and why you believe you should be considered an independent student. Your personal statement must include specific dates of events that caused your separation from both of your parents. Additionally, all of the following information must be explained in your statement. If you are unable to provide a specific document please include explanation as to why it cannot be provided. A detailed explanation of your current relationship with both of your parents. If you are estranged from 		
	your parents, provide a detailed account of the circumstances which le When was the last time you spoke with your parents? When was the last time you resided with your parents? Where are you living (do you live with someone other than your paren How are you able to pay for living expenses such as rent, groceries, ut Who claimed you on their 2021 Federal Income Tax Return? Who provides your health insurance?	ts)?

UPLOAD SUPPORTING DOCUMENTATION to substantiate the reason(s) for your dependency override request. Documentation to confirm that a parent is deceased, institutionalized, or incarcerated. <OR> Documentation confirming that there is a protective/restraining order that prohibits you from having contact with your parents. <OR> Other legal documentation that would explain why parent information should not or cannot be obtained for your financial aid file. <AND> Two Signed Letters verifying the reason(s) for your dependency override request. These letters should come from responsible adults (i.e.: high school or college counselor, social service agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.) who are able to verify the family circumstances you described in your personal statement. If the letters are from an outside office/agency, they must be on official letterhead. Letters should be detailed and refer to the individuals direct knowledge of actual events. They should not be reiterations of events you have shared with the individual. If this appeal is a dependency appeal renewal request, we still need these statements. The statements should be from the same third party, but they need to address your situation from the date of their prior letter to current. You cannot simply UPLOAD a prior letter as your parental contact and family situation may have changed. <AND> A copy of your health insurance, dental insurance, and car insurance card showing coverage is in your own name. <AND> A copy of your mortgage statement or lease agreement verifying your residence is in your own name. <AND> A copy of your utility statement verifying your utilities are in your own name. . SECTION D: CERTIFICATION

By typing my name below, which serves as my electronic signature, I certify the information provided by me is true and complete to the best of my documentation and is subject to the professional judgment of the Wilmington College Student One Stop Center staff. Any decision is final and applies only to Wilmington College. I understand that Wilmington College reserves the right to contact third-party professionals who provide supporting documentation. I also understand that if I purposely give false or misleading information, I may be fined \$20,000, sent to prison, or both.

STUDENT SIGNATURE:

DATE: