



2017-2018 Petition for Independent Status

Student Name: _____ ID# _____ Phone# _____

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

If you feel there are extenuating circumstances, which might warrant you being considered independent of your parents, you do not need to provide parental information when filling out the FAFSA. Your school will receive an incomplete Student Aid Report (SAR) and will be asking you for documentation to support your claim. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay part of your college costs. Only very extenuating circumstances will make it reasonable to approve such a petition. None of the conditions listed below qualify as unusual circumstances meriting a dependency override:

1. Parents refuse to contribute to the student's education;
2. Parents (includes step-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;
5. Parents live in another country

Examples of Unusual circumstances can include:

1. An abusive family environment that threatens the student's health or safety.
2. Abandonment by parents
3. Parents are incarcerated

STEP 1: Complete the 2017-2018 FAFSA at www.fafsa.gov

STEP 2: Indicate whether you are requesting a dependency override for the first time, or are requesting a renewal of a previously granted dependency override.

____ NEW REQUEST FOR INDEPENDENT STATUS CHECKLIST

If this is your first time submitting a dependency override request, you must submit all items listed below. We will not process a request without all required documentation. Please note that additional documentation may be requested

- A copy of your 2015 federal income tax return transcript (**must be from IRS office**) and W-2's, and any income or resources received in 2015 that are not reported on your tax return. Tax return transcript can be waived if data retrieval was used when FAFSA was completed.
- A detailed letter from you explaining your extenuating circumstances. *Attach any relevant documentation that you think may support your petition (police reports, court reports, death certificates, etc.)*
- A detailed letter from a friend or relative that can attest and describe your extenuating circumstances.
- A detailed letter from a professional such as doctor, teacher, minister, social worker, psychologist, or high school counselor who can document the same (must use official letterhead or stationery).
- Documentation of where you have lived since January 2015 (e.g., signed lease agreements, housing contract, statement from person providing housing and relationship to you.

____ RENEWAL REQUEST FOR INDEPENDENT STATUS CHECKLIST

If you were granted a dependency override in 2016-2017, please turn in all items listed below. We will not process a request without all required documentation.

- Submit an updated letter detailing the special circumstance that makes you independent from your parents.
- A detailed letter from a friend or a relative that can attest and describe your extenuating circumstances.
- A copy of your 2015 federal income tax return transcript (**must be from IRS office**) and W-2's, and any income or resources received in 2015 that are not reported on your tax return. Tax return transcript can be waived if data retrieval was used when FAFSA was completed.
- Documentation of where you have lived since January 2015 (e.g., signed lease agreements, housing contract, statement from person providing housing and relationship to you.

STEP 3: Complete the tables below by selecting the applicable box.

TABLE 1: MEANS OF SUPPORT

| | |
|--------------------------------|----|
| Wages | \$ |
| Self-employment income | \$ |
| Worker's Compensation | \$ |
| Unemployment Benefits | \$ |
| Housing Section 8 | \$ |
| Food Stamps | \$ |
| Military Benefits | \$ |
| Disability Benefits | \$ |
| Other Income: | \$ |
| Assistance from family members | \$ |

TABLE 2: AVERAGE MONTHLY BUDGET

| | |
|-------------------------|-----------|
| Rent/Mortgage | \$ |
| House Insurance | \$ |
| Utilities | \$ |
| Telephone | \$ |
| Car Payment | \$ |
| Gasoline | \$ |
| Car Insurance | \$ |
| Internet | \$ |
| Clothing | \$ |
| Health Insurance | \$ |
| Other Personal Expenses | \$ |
| TOTAL EXPENSES: | \$ |

Signatures

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature _____

Date ____/____/____

For office use only: _____ Approved _____ Denied

Comments _____

Financial Aid Officer _____

Received by: _____