



Student Financial Aid Office 2023-2024 Dependency Status Appeal

ID#

the Fre circum circum review be con	ee Applica estances e estance (i. of your d esidered fo	ancial Aid Office is required to consider parent information and expect a parent contribution for students who complete ation for Federal Student Aid (FAFSA). An override may be applicable to your dependent status if unusual exist that make it impossible for you to have contact with your parents. If your family situation involves an unusual e. abusive family environment, documented abandonment, and/or documented drug dependency), you may request a ependency status. Any situation resulting from choice, rather than necessity due to unusual circumstances would not or review.
overric	-	of the conditions listed below, singly, of in combination, quality as unusual circumstances of ment a dependency
	1.	Parents refusal to contribute to student's education;
	2.	Parents unwilling to provide information on the application or for verification;

Reasons for Appealing

beyond your control.

3.

4.

Student's Name:

reason for appealing:

A severe situation exists in your family that renders it impossible for you to obtain your parents' financial information for the FAFSA.

This is due to physical or emotional abuse, severe estrangement, parental drug abuse or mental incapacity, or another situation

There are two acceptable reasons for appealing your dependency status. Please check the appropriate situation that explains your

Personal Statement

On separate paper, tell us, in your own words, why you should be considered an independent student. Explain the circumstances leading to your independence from your family (detailed description of the severe situation, events leading to and forcing the separation of yourself from your family, current and expected status of your separation of your family, etc.). If you are receiving support from friends or relatives, you must describe the nature and amount of that support and how you came to receive it on the Monthly Expense and Income Worksheet section of this form.

Documentation

- Complete the Independent Verification Worksheet and submit required tax documents

Parents do not claim the student as a dependent for income tax purposes;

Student demonstrates total self-sufficiency.

- Provide "Third Party Affidavit" (must submit two) by parties who are at least 25 years old and know you and are familiar with your circumstances (e.g. clergy, teacher, counselor, social worker, or one adult relative who will verify your situation)
- Copy of court documents or any pertinent documents that can confirm your situation.

	e to receive financial aid according to your status) and your parents reside in a I information for the FAFSA because of long-standing political policy or civil unrest
policy or civil unrest in the country where you Also, (if applicable) explain how it is imposs	ds, why you should be considered an independent student. Explain, in detail, the political our parents live that prevents you from obtaining parental information for your FAFSA. ible for mail and/or funds to leave the country. If you are receiving support from friends or amount of that support and how you came to receive it on the Monthly Expense and
	e Embassy (or other diplomatic office) of the country where your parents live, which or civil unrest that exist. The statement must also verify if it is impossible to get mail
	this will ensure a better understanding of your situation. Please be assured that all test confidence. Remember to include all statements and documentation with this
Biographical Information	
Name	ID#
Permanent Address	
	Phone
Employer Name and Address	
	Phone
(If you currently have more than one employer, please list e	each name and telephone number on a separate sheet of paper.)
Semester and year you first attended college:	Year of high school graduation
Do you currently live with your parent(s)? You are not living with your biological parts.	
2. How long have you not lived with your paren	t(s)?
Were you placed out of your parent(s) home when? Please submit the documentation to	by the Department of Social Services or another State agency? If yes, support a "yes" response.
documentation, is true and complete to the best of my fraudulent documentation. I understand that if I am four	pplication for independent status, including the personal statement and knowledge. I promise that I have not knowingly or intentionally provided any and to have knowingly or intentionally given false statements or fraudulent or for financial aid may be terminated, and I may be reported to Student Judicial
Signature (must be hand-written)	Date

Monthly Expense and Income Worksheet (must be completed)

1) Expenses

Please describe in the spaces provided below what your average monthly expenses are and how they are covered. The types of expenses are listed in the first column. In the second column, fill in the amount that is paid monthly for each expense category. In the third column, give the name of the person who pays the expense or provides the item for you and their relationship to you. If you pay the cost, enter "self" in the third column. If your entries require explanation, please attach a separate sheet of paper with that information.

	Type of Expenses	Monthly Costs	Who Pays or Provides It
1.	Housing	\$	
2.	Utilities	\$	
3.	Food	\$	
4.	Clothing	\$	
5.	Tuition, books, and supplies	\$	
6.	Transportation What type? (Car, bus, bike, car insurance, etc.)	\$	
7.	Medical What type? (prescriptions, office visits, health insurance, etc.)	\$	
8.	Miscellaneous	\$	

2) Income

You must describe in the space provided below what your average monthly income is and from what sources you receive it.

	Type of Income	Monthly Amount	Source
1.	Work	\$	
2.	Savings/Investments: interest or dividends earned or amounts withdrawn to pay expenses	\$	
3.	Untaxed Benefits What type? (Workers' Compensation, welfare, Social Security, etc.)	\$	
4.	Cash (i.e. allowances) from outside resources (parents, family, friends, etc.)	\$	
5.	Other What type?	\$	

Review of Dependency Status
Third Party Affidavit
(To be completed by a third party who knows the student and is familiar with their circumstances.)

Student	t's Name :	Student ID #:	
	ident named above has indicated on the app I circumstances.	lication for financial aid that he/she is unable to provide parent information due t	כ
1.	How long have you known the student?		
2.	Please provide a brief statement regarding	your knowledge of the student's family history and relationship with parent(s).	
3.	Why is the student unable to provide parer	nt information for financial aid purposes?	
0.		it information for infancial did purposes.	
4.	What is the last date the applicant:		
	a) Received financial support from parer	ts?Month/ Year	
	b) Lived with parents?	Month/Year	
5.	How is the student currently supporting hir	nself/herself?	
	-		
Name:			
	t #:s:		
Occupa	ation:		
I HEREE	BY CERTIFY THAT THE INFORMATION CONT	AINED IN THIS STATEMENT IS TRUE AND COMPLETE.	
Print Na	me	Signature (must be hand-written) Date	_

Review of Dependency Status
Third Party Affidavit
(To be completed by a third party who knows the student and is familiar with their circumstances.)

tudent	t's Name :	Student ID #:
	ident named above has indicated on the application of circumstances.	for financial aid that he/she is unable to provide parent information due to
1.	How long have you known the student?	
2.	Please provide a brief statement regarding your kr	nowledge of the student's family history and relationship with parent(s).
3.	Why is the student unable to provide parent inform	nation for financial aid purposes?
4.	What is the last date the applicant:	
	c) Received financial support from parents?	Month/ Year
	d) Lived with parents?	 Month/Year
5.	How is the student currently supporting himself/he	rself?
	t #:s:	
	ation:	
·	BY CERTIFY THAT THE INFORMATION CONTAINED II	
Print Na	ma.	Signature (must be hand-written) Date





Student Financial Aid Office 2023–2024 Independent Verification Worksheet

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may have to be corrected.

tudent's Information				
Last Name	First Name	MI		Student's ID #
Address (include Apt. #)	City		State	Zip Code
Date of Birth	E-mail Address		Phone N	lumber (include area code)

List below the people in the student's household. Include:

- The student.
- The student's **spouse**, if the student is married. (If you are legally separated do not include your spouse).
- The student's or spouse's **children**, if the student or spouse will provide more than half of their support.
- Other people if they live with the student and the student will provide more than half of their support.

If any household member will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, include the name of the college.

If you need more space, attach a separate page with the student's name and ID number at the top.

Full Name of Household Member	Age	Relationship to Student	Name of College They Will Attend 2023-2024 (if applicable)	Enrolled at Least Half-time (Yes or No)
		self	Prince George's Community College	

	Tax	Retur	n Filers
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Important Note: The instructions below apply to the student and spouse, if the student is married. Notify the financial aid office if the student or spouse filed separate IRS income tax returns for 2021 or had a change in marital status after the end of the 2021 tax year on December 31, 2021.

Instructions: Complete this section if the student and spouse filed or will file a 2021 IRS income tax return(s). The best way to verify

	Employer's Name	2021 Amount Earned \$	IRS V Provid Yes Yes	
	Employer's Name		_	
F				
	(Provide copies of all 2021 IRS W-2 forms issued	d to the student and spouse by	their employ	vers)
	The student and/or spouse were employed in 2021 from each employer in 2021, and whether an IRS Warn an IRS W-2 form.			
	The student and spouse were not employed and ha	ad no income earned from work in	ı 2021.	
heck	the box that applies:			
nd spo n or a	structions and certifications below apply to the student and puse will not file and are not required to file a 2021 inconstiter October 1, 2022 that indicates a 2021 IRS Income we cannot be completed until this document is submitted.)	me tax return with the IRS. Provid	le document	
lon	-tax Filers			
	The student is providing the school with a 2021 IRS Ta income tax returns, 2021 IRS Income Tax Return Tran			se filed separ
	The student has used the IRS DRT in FAFSA on the NFAFSA.	Web to transfer 2021 IRS income	tax return info	ormation into th
песк	the box that applies:			
	that information was not changed.			

D. Certification and Signature

Student's Signature (must be hand-written)

By signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if
asked, to provide documentation that will verify the accuracy of the information being reported. Warning: If you
purposely give false or misleading information, you may be fined, sent to prison, or both.
<u></u>

Date

Student's ID#