# 2016-2017 Dependency Status Appeal

Print clearly:

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<th>(Black ink only) Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Student Id #</th>
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Permanent Address | City | State | Zip |
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Local Telephone Number | UT E-mail address |
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## Reasons for Appeal

If you are considered a dependent student according to Department of Education guidelines and believe your circumstances qualify you as an independent student, you can appeal your dependency status. A severe situation must exist in your family. Some situations that may merit appeal include:

- Marriage of the student between 01/01/2016 and 12/31/2016;
- physical or emotional abuse;
- estrangement;
- abandonment;
- parental drug abuse;
- parental mental incapacity;
- or another such situation beyond your control.

Self-sufficiency or unwillingness on the part of your parent(s)/stepparent(s) to assist you financially is not a basis for an appeal in the absence of extenuating circumstances.

## Statement and Documentation

All information you provide will be held in the strictest confidence.

**Submitted documentation will not be returned. Please do not submit originals.**

**Documents Required for Dependency Appeal (other than marriage of student):**

- Provide a written personal statement describing your circumstances and your relationship with your parent(s)/step-parent(s). Include supporting documentation. Your statement should be complete and specific.
- A copy of your 2015 federal tax return transcript, W-2 form(s) and any 1099’s. You may obtain a tax return transcript online at [www.irs.gov](http://www.irs.gov) or call the IRS at 1-800-908-9946 and follow the prompts to request a Tax Transcript for 2015.
- A signed completed 2016-2017 FAFSA
- Signed statements explaining your circumstances from two or more professional adults, including: clergy, court officials, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, or law enforcement officers.

**Note:** Students who were approved for independent status for the 2015-2016 academic year must update their existing file by completing the Dependency Status Appeal form, including their 2015 Tax Return Transcripts and W-2’s, and a statement verifying that their status has not changed. Due to federal regulations, students may not automatically qualify for independent status based on previous years’ information.
Documents required to appeal dependency status due to marriage of student:

- A copy of your and your spouse’s 2015 federal tax return transcript, W-2 form(s) and any 1099’s. You may obtain a tax return transcript online at [www.irs.gov](http://www.irs.gov) or you can call the IRS at 1-800-908-9946 and follow the prompts to request a Tax Transcript for 2015.
- Copy of student Marriage Certificate
- Completed household information below:

List all the people in your household. **Include yourself** and,

- Your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the children would be required to provide your information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you AND you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

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<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>College</th>
<th>Will be enrolled at least half time</th>
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My signature below certifies the information I have provided on this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied, and my eligibility for financial aid may be terminated.

Student Signature ___________________________ Date ________________