



# Office of Financial Aid

## Request to Re-evaluate Dependency Status

### 2011-2012

Student Name

PRCC Student ID#

Telephone#

Street Address

City

State

Zip Code

**Special Note to Student: You are not eligible to complete this form if you have already been awarded financial assistance at Pearl River Community College for the 2011-2012 award year.**

#### Federal Definition of an Independent Student

- You were born before January 1, 1988.
- You are a graduate student.
- You are married.
- You have children for whom you provide more than one-half of their support.
- You are an orphan, have been in foster care, or have been a documented ward of the court until the age of 18.
- You are or were an emancipated minor as determined by a court in your state of legal residence.
- You are or were in legal guardianship as determined by a court in your state of legal residence.
- You meet the criteria of consideration by a school system or by HUD as an “unaccompanied youth” who is homeless or who is at risk of being homeless.
- You are on active duty with the United States Armed Forces for purposes other than training.
- You are a documented veteran of the United States Armed Forces.
- You have documented legal dependents, other than a spouse, who meet the definition of a legal dependent as described on the FAFSA.

#### Justification for Request for Change in Dependency Status

Many students feel that they are independent because they currently live on their own, or because their parents no longer claim them on their federal income tax forms. Others feel that they should be considered independent because their parents are unable to financially assist them, and/or because their parents refuse to provide the required information for the Free Application for Federal Student Aid. Federal regulations from the U.S. Department of Education specifically state that these circumstances are not sufficient for the purpose of changing a student’s dependency status. If you do not meet the federal definition of an “independent student” as outlined above, or if you cannot provide documentation that you meet one of the criteria listed on the next page of this form, you must be evaluated as a “*dependent student*” and you must provide or submit parental information on the FAFSA.

**Special Note to Student: Completion of this form does not guarantee that your request for a change in your dependency status will be approved by the Office of Financial Aid.**

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**Very Important Note:** Students must attach a detailed statement that clearly explains their reasons for why they feel they should be classified as an independent student for federal financial aid eligibility purposes. Please sign and date the statement.

Indicate the reason for your request by checking the appropriate blank.

\_\_\_\_\_ **I am a student who has recently divorced. I maintain a separate residence from my parents and I receive no financial support from them.**  
Provide the following documentation: Complete copies of your petition for divorce and/or divorce decree(s); signed, complete copies of your 2010 Federal tax return and relevant W-2 forms; and, mortgage or rental agreements for the period for which you were married and for your current residence.

\_\_\_\_\_ **I am a student who has been a ward of the court or under the care of a legally, court appointed guardian for a substantial period of time, and that status has ended or will end before June 30, 2011.**  
**NOTE:** *Students who have lived with someone other than a parent or legal guardian (i.e. grandparents), for a substantial period of time but who are not legal dependents of that person are by statute still dependent upon their natural or adoptive parent or legal guardian for support, unless extenuating circumstances can be documented.*  
Provide the following documentation: A copy of the court documents establishing the student as a ward of the court. The document must clearly indicate that the student's ward of the court status will end during the period of July 1, 2010 to June 30, 2011.

\_\_\_\_\_ **Severe circumstances within my family prevent me from obtaining parental financial information.**  
**Example:** *Severe circumstances include an abusive or unsafe home environment that is detrimental to your physical, mental and/or emotional well-being that can be documented, mental or severe physical illness that prevents your parent(s) from fulfilling their parental duties that can be fully documented, documentation that shows you have been removed from the care of your parent(s) by a state assistance agency, or by a law enforcement agency.*  
Provide the additional following documentation: A personal, comprehensive statement from the student that describes these circumstances must be provided to the Office of Financial Aid. The statement must be signed and dated. Attach statements from two responsible adults confirming that you are estranged from your parents. At least one statement must be from a professional person (minister, psychologist, social worker, doctor, etc.) and should be on letterhead or have a business card attached. If the letter is not on letterhead, it must be notarized.

- If you have previously submitted this information to the Office of Financial Aid and your circumstances have not changed, it is not necessary to do so again. Check this box if previously submitted information is on file and you affirm that your circumstances have not changed.**



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**Student Certification**

**Important: Please read carefully before signing. This is considered a legal statement of certification for authenticity and intent purposes.**

I hereby certify that all information contained in, or attached to this request for independent status, including my personal statement and other documentation, is true and correct to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documents. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied and my eligibility for Federal and State aid will be jeopardized and/or suspended. I further affirm that I understand that if I receive Federal and State student aid based on incorrect information, I will be required to repay these funds and that I may also be assessed penalties and fees from the appropriate governmental and/or lending agencies.

\_\_\_\_\_ *Student Name*

\_\_\_\_\_ *Date*

\_\_\_\_\_ **Approved by the Office of Financial Aid**

\_\_\_\_\_ **Denied by the Office of Financial Aid**

\_\_\_\_\_ *Official Signature*

\_\_\_\_\_ *Date*