DEPENDANCY STATUS APPEAL

DIRECTIONS: Complete this Appeal Form, attach documentation to support information provided below (e.g., letter from social worker, court documents, etc) complete Verification Form and return your Dependency Status Package to DCAD Financial Aid Office. FAO will review and render decision within 2 weeks from receipt of your appeal.

SECTION A: Student Information (please print clearly):

FIRST NAME    MIDDLE INITIAL    LAST NAME    DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS

PHONE    EMAIL

Academic Year Appealing:  □ 2009-2010  □ 2010-2011  □ 2011-2012

SECTION B: Dependency Information

Is your father deceased?  □ Yes  □ No
Is your mother deceased?  □ Yes  □ No
At any time since you turned 13 were you in foster care?  □ Yes  □ No
(If yes, attach documentation)
At any time since you turned 13 were you a ward of the court?  □ Yes  □ No
(If yes, attach documentation)
At any time are/ were you an emancipated minor?  □ Yes  □ No
(If yes, attach documentation from a court of law in your state of residence)
At any time are/ were you in legal guardianship?  □ Yes  □ No
(If yes, attach documentation from a court of law in your state of residence)

After July 1, 2009, did you receive a determination under the McKinney-Vento Act that you were an unaccompanied youth who was homeless or at risk of becoming homeless?  □ Yes  □ No
(If yes, attach documentation)

Are your parents not willing to sign your FAFSA or provide financial support?  □ Yes  □ No
(If yes, attach documentation confirming lack of support)
If you are not living with your parent(s), have you established a household independently from them?  □ Yes  □ No
(If yes, explain on separate page, provide copy of your lease and a utility bill with your name)

Specify and provide documentation for any other extraneous circumstance(s) that require you to care for yourself independently.

You must sign this form certifying that the information you provided is complete and correct. Misrepresentation of fact in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever fraud is discovered. If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

I certify that I have provided valid and legal information with supportive information above to document my independent status.

STUDENT SIGNATURE    DATE