CLAFLIN
UNIVERSITY

# DEPENDENCY CHANGE REQUEST FORM

**Student Name**_____ **SSN:** XXX-XX-_____

Financial Aid applicants who do not meet the definition of an independent student as defined by the U.S Department of Education who believe that they are independent should read and complete this form. The description below is from the Financial Aid Handbook, published by the U. S. Department of Education. It describes how a financial aid administrator may perform a dependency override.

"The Higher Education Act" allows a financial aid administrator to make dependency overrides on a **case-by-case basis** for students with unusual circumstances. If the administrator determines that an override is appropriate he/she must write a statement detailing the determination, and must include the statement and supporting documentation in the student's file. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:**

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the application or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency

*(2021-2022) U.S Department of Education SFA Handbook- Chapter 2 Filling Out the FAFSA, AVG 4&25)*

If you do not meet the Department of Education's definition of an independent student and are claiming to be independent, please complete the attached forms and submit them with all of the required documentation which are listed below. This form and documentation will be reviewed by the Financial Aid Administrator. All decisions made by the administrator are final.

1. Complete the attached" **Student Information/ Statement"** form. Documentation supporting any claims made to support dependency override request must be provided.
   For Example:
   - If your parents are deceased, please provide a Death Certificate or other official documentation that will show that they are deceased.
   - If you have been legally separated from your parents, please provide copies of court orders
2. **Detailed student statement**. A detailed account providing information that would support change of dependency status.
3. **Three references:** The references used must know and can verify your situation. The three references can be from the following persons and must be notarized:
   Parent(s), Close relative (other than parent) with whom you are not presently living with, High School Teacher, High School Counselor, High School Principal, High School Superintendent, Person(s) with whom you reside, Pastor, or Attorney.
4. **Please submit the following to our office:**
   - Students 2022/2023/2024 Income Tax Returns, or W-2s if non filer (If applicable)
   - Parent(s) 2022/2023/2024 Income Tax Returns

***No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by Claflin University on the basis of race, color, national origin, religion, sex, age, veteran status or disability.***

## STUDENT INFORMATION STATEMENT FORM

Student Name:_____ SSN: XXX-XX-_____

1. Where are your parents currently residing?
   Father's Address: _____
   Mother's Address: _____

2. Why do you believe that you should be considered independent? Please provide an additional sheet if you need additional room for your answer. Please be sure to read the instructions on page one before answering these questions, and remember that documentation is **REQUIRED**.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

3. How are your living expenses (food, clothes, shelter) paid if you do not completely support yourself, who does?

   _____
   _____

4. Please list your sources and amounts of income and/or resources from the time that you stopped receiving support from your parents/court or others for the year 2025 whichever is later.

| Year | 2023 | 2024 | 2025 |
|---|---|---|---|
| Income/wages | _____ | _____ | _____ |
| Savings | _____ | _____ | _____ |
| Soc.Sec.Benefits | _____ | _____ | _____ |
| AFDC | _____ | _____ | _____ |
| Unemployment | _____ | _____ | _____ |
| Support from Others | _____ | _____ | _____ |
| Others | _____ | _____ | _____ |

**I hereby certify that the above information is true and complete to the best of my knowledge. I also acknowledge that it is my responsibility to check the final result of this professional judgment. I UNDERSTAND THAT INCOMPLETE APPLICATION WILL NOT BE CONSIDERED, AND THAT IT IS MY RESPONSIBILITY TO BE SURE THAT THE APPLICATIONS IS COMPLETE BEFORE I SUBMIT IT TO THE OFFICE OF FINANICIAL AID.**

**Student Signature:** _____ **Date:** ____/____/_____

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# REFERENCE FORM

**Name of Applicant** _____ **SSN#** XXX - XX - _____

1. **How long have you known the applicant?** _____
2. **With whom does the applicant reside?** _____
3. **Please explain what you know about the applicant's situation <u>in a detail letter.</u> Please seal the letter in an envelope and attach the envelope to the back of this form. Please address the facts related to the student's claim that he or she is independent. The letter <u>should not be a reference about the student's character,</u> or their commitment to getting an education, statements to that effect will not have any bearing on the administrator's decision.**

**I certify that all the information on this form and in my letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.**

**Signature of reference:** _____

**Title of relationship to applicant:** _____

**Address, City, State and Zip Code:** _____

_____

**Email Address:** _____

**Telephone Numbers :(** _____ **)** _____ **/ (** _____ **)** _____
**Home** **Cell**

**Date** _____/_____/_____

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**Signature of reference:** _____

**Title of relationship to applicant:** _____

**Address, City, State and Zip Code:** _____

_____

**Email Address:** _____

**Telephone Numbers :(_____) _____ / (_____) _____**
**Home Cell**

**Date**_____/_____/_____

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**Telephone Numbers :**(_____) _____ / (_____) _____
**Home** **Cell**

**Date**_____/_____/_____

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