



# 2017-2018 Dependency Status Petition

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**Student's Name:** \_\_\_\_\_ **ECC Student ID # or SSN:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Federal regulations require parents to have the primary responsibility to pay for a dependent student's educational expenses. None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

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

ECC understands unusual circumstances occur and some students may have a unique family situation. This form is used for reporting your unique situation when you are not able to obtain parental information. If you believe you have an unusual or unique family situation, please complete this form and submit all required documents to the Financial Aid Office. Please note, all decisions are made at the discretion and professional judgment of the ECC Financial Aid Office. Submission of this form and supporting documents does not guarantee approval.

The law requires a determination of unusual circumstances for a dependency override be made each award year. A decision made in one award year does not automatically mean a student would be deemed independent in another year. Also, a dependency override performed at another school will not warrant a dependency override at ECC.

Students should be aware ECC is not required to perform dependency overrides, and if the financial aid administrator determines an override is not appropriate, the decision cannot be appealed.

**1) You are automatically considered to be independent and do not need to submit this form if any of the following applies. If you answer No to all of these questions, proceed to #2:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born before January 1, 1994?
<input type="checkbox"/> Yes <input type="checkbox"/> No	As of today, are you married? "As of today" refers to the day you sign your FAFSA.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the U.S. Armed Forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children who will receive more than half of their support from you between July 1, 2017 & June 30, 2018?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2018?

## 2017-2018 Dependency Status Petition

**2) You may be independent if any of the following questions apply; however, you are required to submit the required documentation to support your answer.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or were you an emancipated minor as determined by a court in your state of legal residence?	Provide court documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time <u>since you turned age 13</u> , were your biological parents deceased, were you in foster care or were you a dependent or ward of the court?	Provide death certificates for your parents; or, provide court documents regarding foster care &/or status as a dependent or ward of the court.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or were you in legal guardianship as determined by a court in your state of legal residence?	Provide court documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time on or after July 1, 2016, did your high school or school district homeless liaison determine you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	Provide a letter from your high school counselor or school district homeless liaison.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time on or after July 1, 2016, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	Provide letter from the director of the program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time on or after July 1, 2016, did the director of a runaway or homeless youth basic center or transitional living program determine you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	Provide letter from the director of the program.

**3) Check the reason that best applies to your situation. I do not meet any of the criteria listed in #1 or #2, and**

**I am unable to provide my parents' information on my 2017-2018 FAFSA because:**

- I have contact with my parents but my parents refuse to complete the FAFSA and do not and will not provide me any financial support.

**Please read next paragraph and submit required notarized statement from your parents with this form; however, you do not need to answer #4 - #6, nor do you have to submit documents requested in #5. You will only be eligible for an unsubsidized loan at the dependent student grade level limit.**

*Your parents' refusal to complete the FAFSA or their unwillingness to provide financial support does not justify a dependency override. Your parents must write and sign a statement indicating they refuse to provide you the information you need for your FAFSA and they do not and will not provide you any financial support. The statement must include the date the support ended. The statement must be notarized; you may use the Dependency Status Petition Reference Form for this.*

- Other - I have an unusual situation not listed above. Go to #4.

**4) Check the reason that best describes your situation:**

- I have been separated from my parents due to an unsafe home environment.
- I have been separated from my parents due to unusual circumstances and I live with a relative or friend who is providing support, or live alone.
- Since completing the 2017-2018 FAFSA, my marital status has changed from single to married. I am requesting an update to my 2017-2018 FAFSA to reflect more accurately my ability to pay my educational expenses:
  - You must submit a copy of your marriage license. Also include all items listed in #5.
  - You must add your spouse's 2015 income information to your 2017-2018 FAFSA.

## 2017-2018 Dependency Status Petition

### 5) Submit the following information with this form:

- A detailed letter from you explaining the following, a) the unusual situation selected above; b) name and address of both your parents; c) the last time you had contact with each of your parents – when, where, and the nature of the contact; d) how you have provided for yourself, or explain if someone else has supported you; and e) when you started meeting your expenses without parental support.
- If selected for verification, provide all necessary documents for the Verification process, including but not limited to: a copy of your 2015 Federal Tax Return Transcript (if filed) and W-2's. If appealing due to becoming married, a copy of your spouse's 2015 Federal Tax Return Transcript (if filed) and a copy of all W-2's.
- Completed 2017-2018 Free Application for Federal Student Aid at [www.FAFSA.gov](http://www.FAFSA.gov). (ECC will process your FAFSA if this appeal is approved. If this appeal is denied, you must resubmit the FAFSA with your parent(s) information.)
- Two (2) Dependency Status Petition Reference Forms. The Petition requires statements from at least TWO references familiar with the family situation. At least one of the references must be from a third-party who is not a family member. Examples of third-party references include: teachers, pastor/priest, guidance counselor, social worker, mental health counselor, law enforcement official, and/or physician.
- A copy of your most recent cell phone bill. If unavailable, provide explanation including who pays for the cell phone and what your relationship is to the person(s).
- A copy of your current lease agreement or mortgage statement. If unavailable, provide explanation including where you live, who pays for the residence and utilities, and what your relationship is to the person(s).
- A copy of your proof of vehicle insurance. If unavailable, provide explanation including who pays for the insurance and what your relationship is to the person(s).

### 6) Please check one:

- This is my first dependency status review.
- I am applying for a renewal of a previous dependency status review granted at ECC.

Your documents will be reviewed faster if they arrive as a group rather than one at a time – all documents should have your name, SSN, and/or ECC Student ID # included. Please allow 20-30 business days for processing. Attach all supporting documents to this form and submit in-person at the campus nearest you, or mail to:

East Central College, Financial Aid Office, 1964 Prairie Dell Road, Union, MO 63084

Or Fax to: (636) 583-6651

Or scan and email to: [finaid@eastcentral.edu](mailto:finaid@eastcentral.edu)

Questions? Please call: (636) 584-6588

By signing this form, I agree to provide information will verify the accuracy of my information, if requested. If I purposely give false or misleading information, I will be referred to the United States Department of Education's Inspector General. If I purposely give false or misleading information in order to qualify for Title IV funds, I may be fined \$20,000, sent to prison, or both.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### School Certification:

OFFICE USE ONLY  Approved  Denied

FAO Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

Date FAFSA submitted: \_\_\_\_\_ FAO: \_\_\_\_\_ EFC: \_\_\_\_\_

# 2017-2018 Dependency Status Petition Reference Form

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

The student named above is submitting a Dependency Status Petition to the Financial Aid Office at East Central College based on unusual family circumstance. These circumstances may include: unsafe home environment, abuse, neglect, and/or abandonment.

Federal regulations require parents to have the primary responsibility to pay for a dependent student's educational expenses. None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

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

The Petition requires statements from at least TWO references familiar with the family situation. At least one of the references must be from a third-party who is not a family member. Examples of third-party references include: teachers, pastor/priest, guidance counselor, social worker, mental health counselor, law enforcement official, and/or physician.

In the space provided below and on the following page, please provide a detailed statement to corroborate the student's claims of unusual family circumstances. You must include: your relationship with this student, how long you have known him/her, and any/all details about the student's family situation. You may attach an additional sheet, if necessary.

If a dependent student's parents refuse to complete the FAFSA and are unwilling to provide financial support, but the student cannot demonstrate an unusual family situation, the student may be eligible for an unsubsidized student loan only. The parents must complete this form, explaining in the space below they refuse to complete the FAFSA and refuse to provide any financial support, and must explain when the support ended. The form must be notarized.

**All references must complete and sign this form.** A third-party reference may attach statement on official letterhead instead of using space below; and, by doing so, will not require official notary public certification. Otherwise, all references must have this document notarized.

Name of reference: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ How long have you known student: \_\_\_\_\_

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# Dependency Status Petition Notarization Form, page 2

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

*(Use this space below for additional comments.)*

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***By signing this form, I understand if I purposely give false or misleading information, the Dependency Status Petition for the student named above may be denied and I will be referred to the United States Department of Education's Inspector General for further action.***

**Must be signed in the presence of an official notary public.**

**Reference Signature/Date:** \_\_\_\_\_

**TO BE COMPLETED BY AN OFFICIAL NOTARY PUBLIC**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_,

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary

public, personally appeared \_\_\_\_\_, known to be the person whose

name is subscribed to the within instrument and acknowledged he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Signature: \_\_\_\_\_, Notary Public

Printed Name: \_\_\_\_\_ Notary

Public in and for the State of \_\_\_\_\_ My

Seal or Stamp

commission expires \_\_\_\_\_

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In the space provided below and on the following page, please provide a detailed statement to corroborate the student's claims of unusual family circumstances. You must include: your relationship with this student, how long you have known him/her, and any/all details about the student's family situation. You may attach an additional sheet, if necessary.

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Name of reference: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ How long have you known student: \_\_\_\_\_

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# Dependency Status Petition Notarization Form, page 2

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

*(Use this space below for additional comments.)*

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**Must be signed in the presence of an official notary public.**

**Reference Signature/Date:** \_\_\_\_\_

## TO BE COMPLETED BY AN OFFICIAL NOTARY PUBLIC

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_,

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary

public, personally appeared \_\_\_\_\_, known to be the person whose

name is subscribed to the within instrument and acknowledged he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Signature: \_\_\_\_\_, Notary Public

Printed Name: \_\_\_\_\_ Notary

Public in and for the State of \_\_\_\_\_ My

Seal or Stamp

commission expires \_\_\_\_\_