



Florence-Darlington Technical College

Financial Aid Center

PO Box 100548

Florence, SC 29501-0548

843.661.8085

2010-11 REQUEST TO EVALUATE DEPENDENCY STATUS

Student Name: *Last, First, Middle*

Social Security Number

Students are classified as dependent or independent because federal student aid programs are based on the idea that students (and their parents or spouse, if applicable) have the primary responsibility for paying for their post-secondary education.

The U. S. Congress defines an independent student (for financial aid purposes) as one who meets one of the following conditions at the time the 2010-2011 Free Application for Federal Student Aid (FAFSA) is completed and signed:

- You are married
- You are a ward of the court (or were until the age 18) or both of your parents are deceased
- You must be born **before** January 1, 1987
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training
- You are a veteran of the U. S. Armed Services (discharge **must** be honorable)
- You are a working on a Masters or Doctorate degree
- You have children who receive more than half of their support from you
- 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, 2011

Note: You do not need to complete this form if one of the above conditions applies to you.

The Higher Education Act allows an aid administrator to consider dependency overrides on a **case-by-case** basis for students with unusual circumstances. **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.

IMPORTANT:

- Dependency status must be re-certified every year, it does not automatically renew.
- We may request additional documentation when applicable.
- Adjustments made to your SAR as a result of granting your request may delay or change your financial aid awards.
- Requests to evaluate dependency status without required documentation will not be considered.

Instructions: To request a dependency evaluation - The following must be true for all requests:

1. Must be initiated by a letter of explanation from the student requesting consideration of his/her particular circumstances. Please explain in full.
2. Refer to documentation requirements (see below) when preparing your request.
3. Complete sections 1, 2, and 3 of this form.
4. Require a signed copy of the 2009 federal tax returns.
5. Please provide a check mark in the box next to the circumstance that fits your situation.

SECTION 1: SITUATIONS IN WHICH REVISIONS MAY BE MADE TO YOUR APPLICATION:

Check which situation applies to you:

A. Unusual circumstances exist within your family that prevent you from obtaining your parent's financial information, such as:

- Incarceration of the custodial parent
- Abandonment by both parents
- History of parental alcohol or drug abuse
- Abusive home situation which is detrimental to your physical or mental well-being

Documentation Requirements:

- Two or more signed statements from third parties having first-hand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority who are familiar with the situation. Personal references, which do not represent an agency opinion, must be notarized.
- Copies of any court documentation relevant to your situation.
- A signed copy of student's 2009 Federal Tax Return.
- A signed statement detailing why you should be **considered** an independent student.

B. Death of a parent after filing the FAFSA and severe circumstances exist with the surviving parent.

Documentation Requirements:

- Two or more signed statements from third parties having first-hand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority who are familiar with the situation. Personal references, which do not represent an agency opinion, must be notarized.
- A copy of the death certificate or newspaper obituary.
- A signed copy of student's 2009 Federal Tax Return.
- A signed statement detailing why you should be considered an independent student.

C. You, the student, are divorced and during the time you were married, maintained a separate residence from your parents and your former spouse's parents. Also, you now maintain a separate residence from your parents and pay all expenses from your own income and assets.

Documentation Requirements:

- A copy of your marriage license.
- A copy of your divorce decree.
- A signed copy of your 2009 Federal Tax Return.
- Copies of your 2009 W-2 form(s).
- A copy of your mortgage or lease agreement for the period in which you were married.
- A signed statement detailing why you should be **considered** an independent student.

SECTION 2. MONTHLY EXPENSES AND INCOME WORKSHEET (Complete Using 2010 Information)

List estimate of your monthly expenses for 2010 below and the name of the person who provides payment for them.

| Expense | Monthly Cost | Who Pays or Provides the Expense |
|---|--------------|----------------------------------|
| Housing | \$ | |
| Utilities | \$ | |
| Food | \$ | |
| Child Care or Dependant Care | \$ | |
| Transportation | \$ | |
| Medical/Insurance | \$ | |
| Personal (clothing, toiletries, etc...) | \$ | |
| Other | \$ | |
| Total Expenses: | \$ | |

List your average **monthly** income for 2010 as specified below, and list the source of that income by name (examples: Self-employed, Employer's Name, trust fund, etc.).

| Type of Income | Monthly Income | Sources |
|---|----------------|---------|
| Wages | \$ | |
| Interest/Dividends | \$ | |
| Untaxed Income (Social Security, Unemployment Compensation, etc...) | \$ | |
| Cash Support/Gift | \$ | |
| Federal Work Study | \$ | |
| TANF | \$ | |
| Other | \$ | |
| Total Income: | \$ | |

NOTE: HAVE YOU COMPLETED ALL OF THE DOCUMENTATION REQUIREMENTS FOR YOUR SITUATION?

SECTION 3: ADDITIONAL INFORMATION (Answer all questions below):

1. List the **month and year** you **last** lived with your parent(s) _____

2. List the **month and year** you **last** received financial support from your parent(s) _____

3. List the **year** you were **last** claimed by someone else as an exemption on their Federal Tax Return and your relationship to them.

Year you were claimed: _____

Person who claimed you (grandparent, sister, etc.): _____

4. Check the type of Federal Tax Return that you filed for 2009 (1040, 1040A, etc.). If you did not file taxes for 2009, but did earn an income, you must list the amount of income you earned, and **provide us with copies of your W-2 forms for 2009.**

Form 1040 _____

Form 1040A _____

Form 1040EZ, 1040 Telefile _____

Did not file * _____

*List the amount of income earned in 2009 _____

5. If you are covered under a medical plan, list the following information:

If not covered, list "not covered" here _____

Name of Insurance Company _____

Name of person/company providing coverage _____

Name of person paying insurance premiums _____

6. List your current phone number, home address, and e-mail address:

| | | | |
|--------|-------|-------|----------|
| Street | City | State | Zip Code |
| Phone | Email | | |

7. List the number of months in **2010** that you plan to live at this address:

8. List the name(s) of anyone that will share housing expenses with you in the 2010-2011 school year:

9. List the name of the registered owner of your automobile:

10. If **you** are the registered owner, provide the following:

| | |
|---|--|
| Year, Make, and Model | |
| Purchase date | |
| Total balance owed | |
| Monthly auto payment | |
| Name/relationship of person paying auto payment | |

All of the information on this Request to Evaluate Dependency Status is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this Request, I may be subject to a \$10,000 fine, a prison sentence, or both.

Student Signature

Date