



2020 – 2021 DEPENDENCY CHANGE REQUEST

The Dependency Change Request form is to review extenuating circumstances regarding your dependency status. Only students who are estranged from both parents due to extenuating or unusual circumstances (i.e. abuse, family alcoholism, drug abuse, etc.) which can be documented by an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.) may qualify.

The following examples will NOT make you independent:

- Parents refuse to financially contribute to the student's education.
- Parents refuse to fill out information necessary to complete the FAFSA.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

To apply for a dependency change, you must submit the following to the Financial Aid Office:

1. A completed Free Application for Federal Student Aid (FAFSA). You can fill out the application online at www.fafsa.ed.gov.
2. A completed Dependency Change Request form (attached). If you are filling out the Dependency Change Request for the first time, please check "Initial" on the form, otherwise check "Renewal".
3. Submit a statement detailing the circumstances that makes you independent from your parents. You must describe your current relationship (even if it is non-existent) with your parents. Address the following items within your letter: (a) The nature of your relationship with your parent(s) (include court/legal documentation if applicable.) (b) The date and place of your last contact with your parent(s). (c) How you have been supporting yourself.
4. **(Initial students only)** Provide three reference letters from individuals who can verify the nature of the relationship. Letters can be from, but not limited: to counselors, clergy, law enforcement, family members, etc. Address the following items within the letter: (a) The individual's relationship to the student. (b) A detailed statement as to why it would be unreasonable to assess the parent's ability to contribute to the student's education. (c) How long has the individual known the student?
5. You may also be requested to provide additional documentation to support your application. You will be notified if additional documents are required.



2020 – 2021 DEPENDENCY CHANGE REQUEST

Check One:	Initial	Renewal
------------	---------	---------

First Name	Last Name	ASU Campus ID
Email		Cell Phone Number

Do not leave any blanks. Use zero or N/A if not applicable. Incomplete forms will not be processed.

Section A: Expense and Resource Information

Complete the following expense and resource information for calendar year 2019.

ANNUAL EXPENSES FOR 2019				ANNUAL RESOURCES FOR 2019			
YEARLY EXPENSES	Housing/Rent		\$	YEARLY RESOURCES	Employment		\$
	Food		\$		Child Support		\$
	Car Payments/Maintenance		\$		Non-Educational VA Benefits		\$
	Gasoline		\$		Monetary Gifts		\$
	Utilities:				Housing (food & other living allowances provided by parents, relatives, friends, military, etc.)		\$
	Electric		\$		Scholarships (List)		\$
	Gas		\$		Scholarships (List)		\$
	Telephone		\$		Scholarships (List)		\$
	Water		\$		Grants (List)		\$
	Child Care		\$		Grants (List)		\$
	Clothing		\$		Student Loans (List)		\$
	Insurance		\$		Student Loans (List)		\$
	Tuition/Fees/Books		\$		Other (List)		\$
	Personal Entertainment		\$		TOTAL RESOURCES		\$
	Other (List)		\$				
TOTAL EXPENSES		\$					

If the total amount of expenses exceeds the total amount of resources, a written statement explaining the imbalances must be attached.

Section B: Current Living Arrangement

Address	City	State	Zip Code
Person with whom you reside?			
What is your relationship to this person?		How long have you lived with this person?	

Section C: Additional Information

Were you or will you be claimed as an income tax exemption on someone else's tax return for the following year(s) and if yes, by whom?							
2017	Yes	No	If yes, by whom?	Mother	Father	Stepmother	Stepfather
2018	Yes	No	If yes, by whom?	Mother	Father	Stepmother	Stepfather
2019	Yes	No	If yes, by whom?	Mother	Father	Stepmother	Stepfather

Section D: Student Certification

I certify that the information provided on this form is complete and accurate:	Signature:	Date:
--	------------	-------

I have submitted the required following documentation (check appropriate boxes):

<input type="checkbox"/> My FAFSA was submitted online.
<input type="checkbox"/> A statement detailing the circumstances that makes me an independent from my parents.
<input type="checkbox"/> Reference letters from individuals who can verify the nature of my relationship with my parents.



2020 – 2021 DEPENDENCY CHANGE REQUEST

First Name	Last Name	ASU Campus ID
------------	-----------	---------------

Statement Explaining Your Circumstance



2020 – 2021 DEPENDENCY CHANGE REQUEST

First Name	Last Name	ASU Campus ID
------------	-----------	---------------

Reference Letter (Initial Student Only)

What is your relationship to the student?

How long have you known the student?

Provide a detailed statement explaining your view of the student's unusual circumstances which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the student's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the student's education, and any additional information which will distinguish the student's situation as out of the ordinary.
If more space is needed, attach a separate page with the student's name and ASU Campus ID at the top right corner.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Name of Reference	Date
Reference Signature	Home Phone
Address	Work Phone
City, State and Zip Code	Best time to be contacted



2020 – 2021 DEPENDENCY CHANGE REQUEST

First Name	Last Name	ASU Campus ID
------------	-----------	---------------

Reference Letter (Initial Student Only)

What is your relationship to the student?

How long have you known the student?

Provide a detailed statement explaining your view of the student's unusual circumstances which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the student's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the student's education, and any additional information which will distinguish the student's situation as out of the ordinary.
If more space is needed, attach a separate page with the student's name and ASU Campus ID at the top right corner.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Name of Reference	Date
Reference Signature	Home Phone
Address	Work Phone
City, State and Zip Code	Best time to be contacted



2020 – 2021 DEPENDENCY CHANGE REQUEST

First Name	Last Name	ASU Campus ID
------------	-----------	---------------

Reference Letter (Initial Student Only)

What is your relationship to the student?

How long have you known the student?

Provide a detailed statement explaining your view of the student's unusual circumstances which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the student's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the student's education, and any additional information which will distinguish the student's situation as out of the ordinary.
If more space is needed, attach a separate page with the student's name and ASU Campus ID at the top right corner.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Name of Reference	Date
Reference Signature	Home Phone
Address	Work Phone
City, State and Zip Code	Best time to be contacted