

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Your FAFSA or Alternative Application for IL Financial Aid results indicate you are considered a Dependent student for purposes of receiving financial aid. A student who does not meet the dependency criteria found on the FAFSA or Alternative Application may be considered for Independent status if that student’s personal situation involves unusual circumstances. A financial aid administrator may make a professional judgment decision based on a student’s submission of an appropriate explanation, and documentation to support the student’s special circumstances.

**IMPORTANT NOTE: Parents’ unwillingness to assist the student is not, in and of itself, grounds for a dependency override. Nor can a school perform a dependency override solely because the parents are unwilling to provide information on the financial aid application (FAFSA or Alternative Application) or information needed for verification. Also, a student who is financially self-sufficient and/or lives apart from parents cannot be considered for independent status based on those circumstances alone.**

If, after reading the explanation above, you believe that you do have special circumstances, please complete this form and return it to our office with the information and documentation listed below. Depending on the circumstances you present, additional documentation not listed here may also be needed. In order for your appeal to be considered, you must provide all required information within 30 days of submission of your appeal request. Failure to do so may result in the denial of your appeal due to incomplete information.

**\*\* YOUR FILE WILL NOT BE REVIEWED UNTIL ALL ITEMS LISTED BELOW ARE RECEIVED \*\***

<input type="checkbox"/> <b>A typed, signed statement from you, the student</b>	Describe, in detail, the circumstances that would justify your request for a dependency override. Your statement must include relevant information that will support your appeal. You must be specific in the explanation of your circumstances. Please also explain your current means of support and your current living arrangements.
<input type="checkbox"/> <b>A statement from a third party verifying your circumstances</b>	This person can be a counselor, therapist, member of the clergy, teacher, caseworker, public agency official, etc. Please note that a third party stating only that your parents do not provide support, or that you support yourself, is NOT sufficient. The third party must be aware of your specific situation, and attest to the accuracy of your explanation of the circumstances.
<input type="checkbox"/> <b>Supporting documents</b>	Submit any official documents such as police reports, DCFS statements, physician’s statements or any other information that you believe will help to support your request for Independent status. A decision on your appeal could be based in large part on your ability to document your circumstances. You may also submit a copy of your apartment lease, or other documentation of your living arrangements.
<input type="checkbox"/> <b>Federal Tax Return</b>	You must submit a signed copy of your <u>2019 Federal Tax Return, 1040</u> with your appeal. If you did not file a tax return, please provide copies of all your <u>2019 W2 forms</u> and report any other income in Section 2 on the back of this form.  <input type="checkbox"/> <b>Check here if you used the IRS Data Retrieval Tool to transfer your 2019 tax information from the IRS into your FAFSA. By checking this box you do not need to provide a signed copy of your 2019 Federal Tax Return.</b>

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

**Financial and Income Information**

1. List the amounts of financial support you receive from your parent(s). Some examples are: cash payments, health insurance, car insurance, room & board (housing and food expenses), etc.

Type of Support:	Amount:	Type of Support:	Amount:
Health Insurance	\$	Room & Board	\$
Car Insurance	\$	Cash Received	\$

Other Support Received: \_\_\_\_\_

2. Please indicate the amount and the sources of your annual income for 2019, 2020, and 2021, such as work income (wages), monetary support from persons other than your parents, untaxed benefits, etc.

Year:	Sources of Income:	Amount of Income:
2019		\$
2020		\$
2021		\$

When all required information is received, your appeal will be reviewed to determine if the information you provided is sufficient to support an override. In some cases, additional information may be requested before a decision is made. You will be notified of the decision regarding your dependency status. Please note that all dependency override decisions at the College of DuPage are made in accordance with the guidelines provided by the U.S. Department of Education and are not dependent upon decisions made by other institutions.

**NOTE: Your application will not be reviewed until all requested information has been received. You should receive a reply to this appeal from the Office of Student Financial assistance within approximately 30 days from the date complete information is received.**

**CERTIFICATION:**

I certify that all information on this form is true, complete and accurate. Upon request I agree to provide additional proof of the information reported on this form. **Warning:** If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

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

\_\_\_\_\_  
Date