INDIANA UNIVERSITY NORTHWEST

Dependency Status Review
2015-2016 Academic Year

Name: _____________________________________          University ID: _________________________
(Please Print)
Telephone Number: __________________                        Email Address: ___________________________

Please check one:

____ I am applying for an initial review for a dependency override.

____ I am applying for a renewal of a previous dependency override that was granted at IUN.

While the intent of the law is that the family has primary responsibility for the cost of education, a student who does not meet any of the criteria as outlined on Step 3, Page 5 of the 2015-2016 Free Application for Federal Student Aid (FAFSA) may still be considered independent. If unusual circumstances exist, a financial aid administrator may use professional judgment, on a case-by-case basis, and grant a dependency status override with the appropriate documentation. Exception examples may include a severe break with parents or other unusual circumstances that warrant a review.

Federal regulations state the financial aid administrator CANNOT consider the following when granting a dependency status 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-support
• Court-ordered emancipation
**Documentation Required for Initial Requests**

In order for a student to apply for the initial dependency status review the student must fill out his/her 2015-2016 FAFSA. Include your University ID on all correspondence and documentation.

**Personal Signed Statement**

Please include in your typed statement:

1) The location of your parents
2) The last time you had contact with them and the nature of the contact
3) What unusual circumstances you have that warrant a request for review
4) How you are supporting yourself now

**Tax Forms**


**Letters from professionals, third parties, and relatives (2 required)**

1) Enclose at least one signed letter on letterhead from a professional familiar with your situation. The letter may be from a member of the clergy, a social worker, attorney, health care provider, or any other professional.

   The letter should include any knowledge this professional has of your relationship with your parents and an explanation of their association with you.

2) Enclose a signed letter from a close relative or friend that also outlines their knowledge of your relationship with your parents.

3) Enclose any other documentation that would support your appeal for the dependency review such as court documents or other legal documents other than court-ordered emancipation. Supportive documentation could include current: lease, utility bills, and insurance statement

**Documentation Required for Renewal Dependency Status Review**

In order for a student to apply for the renewal dependency status review the student must fill out his/her 2015-2016 FAFSA. Include your University ID on all correspondence and documentation.

**Personal Statement**

Submit a typed signed statement that summarizes and updates your original request for a dependency override.

**Tax Transcript**

Submit a signed copy of your 2014 federal income tax transcript and W-2’s

Please read the following and sign at the bottom.

I understand that if I knowingly make false statements or misrepresentations, financial aid will be adjusted and repayment may result.

Student signature: __________________________________________  Date: ________________