

Academic year: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred Contact Number \_\_\_\_\_

According to federal regulations, it is the primary responsibility of the family to pay for the cost of a student's education. Students often think because they are supporting themselves, they are independent. However, the federal government does not necessarily consider a student who is self-supporting as independent. If you could not answer **yes** to any of the questions in Step Three of the FAFSA form, then you are a dependent student and we must review your parents' information (income tax returns) in order to determine your financial aid eligibility. If there are extraordinary circumstances that you feel might change your dependency status, please provide the following information so that your financial aid administrator may consider a **dependency override**. You may be asked for additional documentation depending on your individual situation.

**Important: Please note that all documentation must be completed at the time of submission.**

**SECTION A: Required Documentation**

Please attach the following information to this form:

- Letter from student explaining: (1) the nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; (3) why you cannot obtain information and/or support from your parents; and (4) how you have been supporting yourself.
- Two letters on letterhead from proper authorities (members of the clergy, police, a school counselor, mediator, case-worker, etc.)
- Student's tax return
- Student's W-2
- Details of monthly expenses (utility bills, car payments, expenses, copy of lease agreement, etc.)
- Other supporting documentation (court documents, health insurance policies)
- Independent Verification worksheet (IVFI)

**SECTION B: Signature Verification**

All of the information on this form and on the provided documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of information that I have indicated on this form. I realize that if I do not give proof when asked, or if I provide information in the future years that invalidates this information, further eligibility for aid may be revoked.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Action taken by committee:**

- Approved. Based on your request, changes have been made to your application.
- Denied. Your request has been denied for the following reasons:

Student Financial Services Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Financial Services Signature \_\_\_\_\_ Date \_\_\_\_\_

Office of Student Financial Services

- |   |              |  |              |
|---|--------------|--|--------------|
| <input type="checkbox"/> Central Campus | 954-201-6573 | <input type="checkbox"/> Holcombe Center | 943-201-7623 |
| <input type="checkbox"/> North Campus   | 954-201-2330 | <input type="checkbox"/> South Campus    | 954-201-8846 |
|   |              | <input type="checkbox"/> Pines Center    | 954-201-3621 |