



Financial Aid and Scholarships Office
California State University Stanislaus
One University Circle
Turlock, CA 95382
Phone (209) 667-3336

Name _____ Date of Birth _____
 ID# _____ Phone # _____
 Street _____ City _____ State _____
 E-mail _____

2009-2010 Dependency Status Appeal

Please complete with black or blue ink

Federal Regulations Regarding Financial Aid Dependency Status

According to federal regulations, financial aid eligibility is based on the family as the first source of the student's support.

Independent Criteria (of which one or more must be met) include:

- Born before January 1, 1986
- Will be a graduate or professional student
- Is married as of the date of filing the FAFSA
- Has dependents other than a spouse
- Is a veteran of the U.S. armed forces
- Is an orphan or is/was a ward/dependent of the court

Federal regulations also provide for a university appeal process, by which a financial aid advisor may decide that a student who does not meet any of the above criteria should be treated as an independent student. This is called a **dependency override**, and is considered on a case-by-case and year-by-year basis. Federal guidelines stipulate the following conditions **do not** qualify as circumstances meriting a dependency override:

Non-eligible Criteria for Independence:

- Parents refusing to contribute to your education
- Parents unwilling to provide information on the FAFSA or documents for verification
- Parents not claiming you as a dependent for income tax purposes
- Student demonstrating total self-sufficiency

Circumstances That May Meet Dependency Status Appeal Criteria

Adverse family situations:

You must clearly demonstrate an adverse family situation in order to be considered independent for financial aid purposes. Adverse family situations may include: physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity or other situations beyond your control that prevent you from obtaining your parents' financial information.

Directions to Complete this Appeal:

To be considered for a dependency override, **please complete items 1 through 5** and return this appeal to our office with the required documentation specified below. **Incomplete appeals will not be processed.** Keep a copy of the appeal and all documents for your records. Evaluation of your appeal may take up to eight weeks. You will receive notice of our decision by mail. Please contact us if you have any questions.

1. **Required Documentation.** Write your name and student ID on every document. You **must include** the following:
 - **Signed Student Statement.** Clearly outline the adverse circumstances you believe make you independent. Describe your family history and how you supported yourself in 2008.
 - **Income Verification.** If you were employed, submit a signed copy of your complete 2008 federal income tax return and W-2s. If you worked but did not/will not file a 2008 federal income tax return, submit a copy of your W-2s or your final paycheck stub from each employer. Include in your student statement an explanation of how you paid your basic living expenses (rent, utilities, food, etc).
 - **Third-Party Statement.** This is a signed statement from another individual who has knowledge of your adverse family situation. This statement may be from a school counselor or administrator, clergy member, physician, social worker, or therapist. The statement should be submitted on letterhead from the person's place of employment, and include their full address and phone number.
 - Additional item for **students who previously had a legal guardian:** Attach **proof of court-appointed guardianship.** If it was not a court-appointed guardianship, an explanation should be included in the student and third-party statements (see above).
2. **What are your living arrangements during the summer?** _____
3. **Were you claimed as a dependent by anyone on a 2007 or 2008 federal income tax return? (circle one)** No Yes
4. **Have you submitted a 2009-2010 FAFSA? (circle one)** No Yes
5. I certify that all information provided on this appeal and any attachments are complete and accurate. False statements will be cause for denial, reduction, and/or repayment of financial aid.

Signature _____ Date _____