



DEPENDENCY STATUS APPEAL 2009-2010

The federal government has established the criteria for determining the dependency status of financial aid applicants. If you were required to answer “no” to questions 48 through 60 in Step Three of the 2009-2010 Free Application for Federal Student Aid (FAFSA), you are considered a dependent student and **must** include parents’ income on your application.

The federal government realizes, however, that there could be exceptions and allows financial aid directors to use professional judgment to override the criteria in **extreme circumstances**. Examples of such circumstances would be parental alcohol or drug abuse, parental mental incapacity, parental incarceration, parental abandonment or physical and/or emotional abuse by the parents. The extreme circumstance must be such that it would be in the student’s best interests not to reside in the parents’ household, and it would be unreasonable/impossible for the student to obtain the parents’ income and asset information. Just the fact that a student has not resided with or been supported by parents for a period of time is not sufficient to warrant a dependency appeal. The student must be able to document an extreme circumstance to justify an appeal.

Procedures for appeal:

- 1. Complete the attached Dependency Status Appeal Form and Income and Expense Form.***
- 2. Write a personal statement in which you explain the extreme circumstance that exists in your family. Make sure your statement is complete and specific.***
- 3. Submit copies of your 2008 federal income tax return. If your income was less than \$7500, include in your statement an explanation telling how you lived on a small income.***
- 4. Provide statements from at least two professional adults who are familiar with and can verify the circumstance. Professional adults would include teachers, clergy, guidance counselors, law enforcement officials, social workers or doctors. The statements must be signed, and if not on letterhead, statements must be notarized.***
- 5. Completed 2009-10 FAFSA (not the FAFSA on the Web Worksheet) that can be downloaded from our website.***

Your appeal will be evaluated, and a decision will be sent to you. You should allow a minimum of three weeks for receipt of this decision. Failure to answer all questions adequately or failure to furnish all required documentation will delay your appeal or cause it to be denied.

Remember, your appeal depends on the information that you furnish to the Financial Aid Office - both your personal statement and the required documentation. The more information and documentation you furnish, the better your chances of having your appeal approved. Please be assured that all information will be held strictly confidential.

If you have any questions, please feel free to contact the Pellissippi State Financial Aid Office.



DEPENDENCY STATUS APPEAL FORM 2009-2010

BIOGRAPHICAL INFORMATION

1. NAME: LAST _____ FIRST _____ MI _____

2. SS # _____ 3. DATE OF BIRTH _____ 4. HOME PHONE # _____

5. ADDRESS _____

CITY _____ STATE _____ ZIP _____

6. NAME(S) OF PARENT(S) _____

7. ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYMENT INFORMATION

9. CURRENT EMPLOYER _____ 10. DATE OF EMPLOYMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ 11. PHONE # _____

*If you currently have more than one employer, attach a separate sheet of paper.

12. DO YOU HAVE ANY UNTAXED INCOME? (Social Security, welfare benefits, worker's compensation, etc.)

Yes No Source _____ Amount per month \$ _____

MISCELLANEOUS INFORMATION

13. DO YOU DRIVE A CAR? Yes No

14. IS AUTO INSURANCE IN YOUR NAME OR YOUR PARENTS' NAME? _____

Name of insurance company _____

Insurance policy # _____

15. DO YOU RENT/LEASE A HOUSE OR APARTMENT? Yes No

If "yes" name on rental agreement or lease _____

If "no" tell us on a separate sheet of paper how you live.

16. AMOUNT PAID MONTHLY FOR HOUSING: \$ _____

17. If the answer to #15 above is "no," where you are residing? _____

I certify that all information furnished on this form, including personal statements and documentation, is true to the best of my knowledge. I further understand that if I am found to have intentionally provided any false or misleading information or documentation, my appeal will be denied and could affect my eligibility for future financial aid.

Student signature _____ Date _____

(OVER)

INCOME/EXPENSE FORM

All students applying for a dependency appeal must submit the following information:

Name _____ Social Security number _____

Income:

Estimated monthly income and benefits for year 2009:

Estimated earned income	\$ _____
Untaxed income (Social Security, disability, unemployment, etc.)	\$ _____
Child support	\$ _____
Welfare benefits	\$ _____
Food stamps and/or WIC	\$ _____
Rent and/or utility subsidy	\$ _____
Other	\$ _____
TOTAL	\$ _____

Expenses:

Estimated Monthly Expenses:

Rent or house payment	\$ _____
Average utilities (electric, water, phone, etc.)	\$ _____
Insurance (auto & health)	\$ _____
Car payment	\$ _____
Other transportation expenses (gasoline and auto repairs)	\$ _____
Food	\$ _____
Clothing	\$ _____
Miscellaneous (medical expenses, entertainment, etc.)	\$ _____
<u>Total:</u>	\$ _____