



2017-2018 Request for Independent Status page 1 of 2

REQIND

Student's Name: _____
Print: Last First MI Former

Address: _____
Street City State Zip Code

Evergreen ID: A Phone: _____

If you do not meet the federal definition of being independent as described in the *Free Application for Federal Student Aid (FAFSA, Section II)*, you may request that the Financial Aid Office override your status on the basis of your documented extenuating circumstances. To be considered for independent status, complete this form and attach all applicable documentation.

NONE of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

1. Parents refuse to contribute to the student's education.
2. Parents are unwilling to provide information on the FAFSA or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Unusual circumstances do include (and may cause any of the above conditions) abandonment by parents, an abusive family environment that threatens the student's health or safety, or the student being unable to locate his parents. In such cases a dependency override might be warranted.

The decision to override a student's dependency status must be made on a case-by-case basis by each school you are attending, justified by an individual student's unusual circumstances, and must be documented in the student's file*. Evergreen's Financial Aid Office will not automatically accept requests for independent status granted by another institution. Renewal of the dependency override is **NOT** automatic. When a request for independent status is approved, it is granted only for the specified academic year and must be reapplied for each year until the student meets the FAFSA guidelines as independent.

***Required Documentation**

1. This 2017-2018 Request for Independent Status form.
2. Letter from student justifying independent status.
3. Completed 2017-2018 FAFSA.
4. A minimum of two letters of support documenting the situation. At least one must be from a professional agency.
5. Student's 2015 Federal income tax return transcript. <http://www.irs.gov/Individuals/Get-Transcript>
6. Student's 2016 Federal income tax return transcript. <http://www.irs.gov/Individuals/Get-Transcript>

Students without parent support

Students whose parents refuse to support them are not eligible for a dependency override, but they may be able to receive Direct Unsubsidized loans only. For a student to be eligible for this provision requires documentation that student's parent refuses to complete the FAFSA **and** that they do not and will not provide any financial support to the student. Include the date support ended.

Additional Information

	MONTH	YEAR
In what year were you last claimed by your parent(s) as a dependent on a Federal tax return?	XXXXX	
When did you last live with your parent(s)?		
When did you last receive financial support from your parent(s)?		
Are you included as a dependent under your parent(s) medical plan?	YES	NO
Do you own or have the use of an automobile while attending Evergreen?	YES	NO
If you answered "yes," give the name and address of the registered owner: _____		
If you are the registered owner, provide the following information: Monthly Car Payment: \$ _____		
Vehicle Year, Make and Model: _____ Insurance Provider: _____		
Is someone else making your car payments and/or insurance payments?	YES	NO
If you answered "yes," give the name and relationship of this person : _____		

Annual income for tax year **2016** (attach an IRS **transcript** of your tax return) Adjusted Gross Income (AGI): \$ _____

Other income not reported on a tax return Amount: \$ _____ Source(s): _____

Annual income for tax year **2015** (attach an IRS **transcript** of your tax return) Adjusted Gross Income (AGI): \$ _____

Other income not reported on a tax return Amount: \$ _____ Source(s): _____

Where you have been living since January 1, 2015?

a) Residence Hall b) Off-Campus Apartment c) Self-Owned Home d) Parent/Relative's Home e) Other (explain)

Type of Residence (a –e)	Address of Residence	Period at Residence From: To:	Number in Household	Rent per Month or Room/Board per Term

I hereby certify that all information contained in this request for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Note: If the Professional Judgment Committee denies this request for independent status, the decision may be appealed in writing to the Director of Financial Aid. Provide additional information and/or documentation with your appeal.

Office of Financial Aid