



OFFICE USE ONLY:
 Approved Denied Date: _____ FAO Initials: _____

HOWARD COLLEGE

Office of Financial Aid

REQUEST FOR DEPENDENCY STATUS CHANGE

Award Year 2017-2018

ATTENTION!!! Information on this application will be collected and used to determine if you qualify for a change in status. This request must be accompanied with documentation as noted on this form. This request is only valid for Fall 2017, Spring 2018 and Summer 2018 semesters.

Demographic Information: (Please Print Clearly)

Student ID: _____ SSN: _____ Date of Birth: _____

Applicant's Name: _____
Last First MI

Permanent Mailing Address: _____
(Cannot be on-campus) Street, Apt. #, PO Box City State Zip

Phone #: _____ Alternate Phone #: _____

The U.S. Department of Education in accordance with the Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with **unusual circumstances**. The following conditions on their own or in combination **do not** qualify as unusual circumstances:

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

You must answer the following questions:

1. Do you communicate with your parent or parents? Yes No
2. Do you live with a parent or relative? Yes No
3. Do you know where your parents live? Yes No
4. Did you file a 2015 Federal Tax Return? Yes No
5. Will someone else claim you as a tax exemption on their 2015 Federal Tax Return? Yes No
If yes, what is the name and relationship to you? _____
6. Have you been a victim of domestic violence? Yes No

Required Documentation:

1. On a separate sheet, you must provide a written description of your relationship with your parents, where and whom you live with, where your parents reside, and a description of domestic violence if you answered Yes to Question 6.
2. You must provide written documentation from three third party sources who are familiar with your unusual circumstance, i.e. Clergy, Landlord, Doctor, High School or College Counselor, etc. Only one reference may be from a relative.
3. If you filed a 2015 Federal Tax Return, you must attach it with your application.
4. Attach copies of your utility bills, insurance payments, or any other documents that may support your status change request.

All of the information on this form is true and complete to the best of my knowledge. I understand that incomplete or inaccurate information could cause a delay in processing my application. I understand that knowingly giving false information could be considered fraud. Furthermore, I understand that the decision made by the Office of Financial Aid is final and there are no appeals.

Signature: _____ Date: _____

"Education...For Learning, For Earning, For Life!"

1001 Birdwell Lane

Big Spring, Texas 79720

(432) 264-5083

OFFICE USE ONLY:

Approved **Denied** Date: _____ FAO Initials: _____

Financial Aid Office Written Determination:

OFFICE USE ONLY:

Approved **Denied**

Date: _____ FAO Initials: _____

FAO Signature: _____