

# 2021-2022 Request for Independent Status

(Dependency Override Appeal)

Financial Aid Office 3200 West C Street Torrington, WY 82240 p: 307.532.8224 f: 307.532.8222 financialaid@ewc.wy.edu

Section 480(d) of the Higher Education Act of 1965, as amended (HEA), defines an independent student as someone who fits into one of the following categories. A student is considered independent if he or she:

- Was born before January 1, 1998;
- Is an orphan, in foster care or is a ward of the court at any time since age 13;
- Is an emancipated minor as determined by a court in his/her state of legal residence;
- Is in legal guardianship as determined by a court in his/her state of legal residence;
- \*Is an unaccompanied youth who is homeless or at risk of being homeless as determined on or after July 1, 2020, by a school district homeless liaison or the director of an emergency shelter or transitional housing program;
- Is a graduate or professional student;
- Is married:
- Has legal dependents other than a spouse for whom he/she provides more than half their financial support; OR
- *Is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.* This documented determination is the Dependency Override.

#### Examples of unusual circumstances include:

- You were married and maintained a residence apart from your parents and your spouse's parents. You are now
  divorced, have no dependents, maintain a residence separate from your parents, and pay all the expenses from your
  own income.
- Loss of a dependent
- \*Severe circumstances within your family prevent you from obtaining your parents' financial information:
  - o family abuse or neglect,
  - o parental abandonment, or
  - o other situations where contact between you and your parents is non-existent.

According to guidance from the U.S. Department of Education, the following circumstances do <u>not</u> qualify as unusual circumstances and do <u>not</u> merit a dependency override:

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or to complete the verification process;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency;
- Incarceration or confinement.

\*If you are an unaccompanied youth who on or after July 1, 2020, was homeless, at risk of being homeless, or have an unusual circumstance due to abuse or neglect, parental abandonment, or other situations where contact between you and your parent(s) is non-existent, please complete our "Unaccompanied Homeless Youth and Unusual Circumstance Verification" form first. You only need to submit a Request for Independent Status if you have already completed the "Unaccompanied Homeless Youth and Unusual Circumstance Verification" form and were then asked by the Financial Aid Office to submit this appeal to determine eligibility.

#### Please Note:

- You will be notified in writing of the appeal committee's decision. This process may take up to 30 days.
- If your appeal is incomplete or submitted without the necessary documentation, processing of your appeal will be delayed until the additional information is obtained. Appeals must be submitted by mid-term of the semester for which you are requesting aid.
- Submission of an appeal does not guarantee your request will be approved.
- If approved, the Dependency Override is valid for only one academic year. Approval in one year does not guarantee approval in following years. Your status must be reassessed each academic year.
- An approval by the EWC Financial Aid Appeal Committee is relevant only to your application at EWC. Each
  institution to which you apply must make its own determination of your dependency status. No school is obligated to
  accept a decision made by another school.

# REOUIRED DOCUMENTATION

|               | ition to completing this form and providing all situa<br>pmitting Appeal), <u>ALL APPEALS MUST INCLUD</u>                                                                                                                                                                                                                                                                                                                                                     |                                             | supporting documentation (listed in Section B: Reason ving documentation:                                                                                                                                                                                                     |  |  |  |  |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|               | by the Financial Aid Office. If you were not empl                                                                                                                                                                                                                                                                                                                                                                                                             | loyed, include                              | -2 forms if selected for verification or otherwise requested<br>e an explanation of how your living expenses were<br>provide an official IRS Tax Transcript or Verification of                                                                                                |  |  |  |  |
|               | Documentation of your current year income to da                                                                                                                                                                                                                                                                                                                                                                                                               | te from all in                              | ncome sources.                                                                                                                                                                                                                                                                |  |  |  |  |
|               | A copy of your current lease agreement, mortgage statement or rent receipt. If you do not have a lease or mortgage in your name, include an explanation of your current living situation in your statement (Section D).                                                                                                                                                                                                                                       |                                             |                                                                                                                                                                                                                                                                               |  |  |  |  |
|               | Court or other official documentation of your status (e.g., guardianship, HHS documentation).                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                                                                                                                                                                                                                                               |  |  |  |  |
|               | A signed statement from your guardian (if applicable) detailing your circumstances.                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                                                                                                                                                                               |  |  |  |  |
|               | MUST INCLUDE: A signed statement from a third party who is knowledgeable of your family situation and can verify the reason you are unable to provide your parents' information. This third party should be someone unrelated to you. The statement should be on letterhead and should list the person's relationship to you and a contact number. Appropriate third-party statements are from clergy, school counselors, teachers, or similar professionals. |                                             |                                                                                                                                                                                                                                                                               |  |  |  |  |
|               | A: STUDE                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ENT INFOR                                   | RMATION                                                                                                                                                                                                                                                                       |  |  |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                                                                                                                                                                               |  |  |  |  |
| Last Name     | ne First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M.I.                                        | EWC Student ID Number Social Security Number (last four digits                                                                                                                                                                                                                |  |  |  |  |
| Mailing A     | Mailing Address (include apartment number)                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | E-mail Address                                                                                                                                                                                                                                                                |  |  |  |  |
| City, ST, Zip |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone Number (include area code)            |                                                                                                                                                                                                                                                                               |  |  |  |  |
|               | B: REASON FO                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R SUBMIT                                    | ΓTING APPEAL                                                                                                                                                                                                                                                                  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ce separate fr                              | your parents and your spouse's parents. You are now rom your parents, and pay all the expenses from your own must submit:                                                                                                                                                     |  |  |  |  |
|               | <ul> <li>B. Loss of a dependent.</li> <li>In addition to the above required document</li> <li>Documentation of loss of dependent.</li> </ul>                                                                                                                                                                                                                                                                                                                  | ntation, you i                              | must submit:                                                                                                                                                                                                                                                                  |  |  |  |  |
|               | C. Severe circumstances within your family preven                                                                                                                                                                                                                                                                                                                                                                                                             | ent you from                                | obtaining your parents' financial information.                                                                                                                                                                                                                                |  |  |  |  |
|               | homeless, or have an unusual circumstance du<br>contact between you and your parent(s) is non<br>Unusual Circumstance Verification" form first                                                                                                                                                                                                                                                                                                                | e to abuse or -existent, pleat. You only no | r after July 1, 2020, was homeless, at risk of being reglect, parental abandonment, or other situations where ease complete our "Unaccompanied Homeless Youth and need to submit a Request for Independent Status if you buth and Unusual Circumstance Verification" form and |  |  |  |  |

were then asked by the Financial Aid Office to submit this appeal to determine eligibility.

# C: EXPLANATION OF SPECIAL CIRCUMSTANCES How long have you lived at your current address? Years Months Is the lease or mortgage in your name? Yes (attach a copy of your lease or mortgage) □ No (attach a copy of your current lease agreement, mortgage statement or rent receipt. If you do not have a lease or mortgage in your name, attach a statement explaining your current living situation) Parent 1 name Parent 2 name Address \_\_\_\_ Address \_\_\_\_\_ City, State, Zip City, State, Zip ☐ No Do you live with your parent(s) during school breaks? ☐ Yes When did you last live with your parent(s)? When did your parent(s) last provide any monetary support for you? When did you last have contact with your parent(s)? How often do you have contact with your parent(s)? Are you covered by your parent(s) medical insurance? ☐Yes $\square$ No ☐ Yes $\square$ No Are you covered by your parent(s) car insurance? □Yes ☐ No Do you have your own medical and/or car insurance? If yes, attach a copy of your current policies □Yes $\square$ No Do you own your own vehicle? If yes, attach a copy of your title, registration, and loan □Yes $\square$ No Are all utilities (electricity, gas, phone) in your name? Cash support from people other than your parents (includes amounts paid by others for bills in your name). Purpose (e.g., cash, rent, books, Total amount Source of payment cell phone bill, car insurance, etc.) received in 2019 \$ \$ \$ \$ \$

In-kind support is support other than money (e.g., friends giving you food or allowing you to live with them rent free).

| Source of support | Value of support (please describe) |
|-------------------|------------------------------------|
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |

# EXPLANATION OF SPECIAL CIRCUMSTANCES (continued)

**<u>CURRENT</u>** EXPENSES – Estimate your current monthly expenses and how they are met.

| EXPENSE           | MONTHLY COST | WHO PAYS THE EXPENSE |
|-------------------|--------------|----------------------|
| Housing           | \$           |                      |
| Utilities         | \$           |                      |
| Food              | \$           |                      |
| Clothing          | \$           |                      |
| Transportation    | \$           |                      |
| Medical insurance | \$           |                      |
| Cell Phone        | \$           |                      |
| Other             | \$           |                      |

### **CURRENT** INCOME

federal aid for the academic year.

Student signature: \_\_\_

| TYPE OF INCOME              | MONTHLY AMOUNT | SOURCE |
|-----------------------------|----------------|--------|
| Wages                       | \$             |        |
| Untaxed income              | \$             |        |
| Cash support (listed above) | \$             |        |
| Other                       | \$             |        |

| D. STATEMENT DETAILING CIRCUMSTANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Please provide a signed statement (typed on a separate sheet of paper or neatly hand-written below) that explains in detail the extreme, unique, and/or unusual family circumstances that prevent you from obtaining and providing your parents' information for your financial aid application.                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| E: CERTIFICATION AND SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| By signing this worksheet, I certify that all of the information reported is complete and correct. I agree to provide additional information or documentation deemed necessary by the Financial Aid Appeal Committee, including court documentation. I also acknowledge that I have read and agree to comply with all verification policies as stated by EWC in the College Catalog and on the EWC website. <b>Failure</b> to submit information in a timely fashion may result in the application being filed as inactive with no further consideration and no |  |  |  |

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Date: \_\_\_\_\_