

**2021-2022**  
**Guidelines to Request a**  
**Change of Dependency Status**

Student ID: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_

The Office of Financial Aid is required by federal law to consider parental contribution for dependent students applying for federal financial aid unless the student meets one of the following conditions allowed on the 2021-2022 Free Application for Federal Student Aid.

A financial aid counselor or director may override a student's dependency status if "other unusual circumstances" exist in the family and create a situation where the student must cover his or her educational expenses without the parents' help. The Department of Education has interpreted the phrase 'other unusual circumstances' in section 480(d)(7) to mean unusual circumstances that make it unreasonable to expect a parental contribution for the student. 'Unusual circumstances' could include, but are not limited to:

1. Student has been a victim of domestic violence and no longer resides with parents;
2. Student has been part of an abusive family environment (e.g., sexual, physical or mental abuse);
3. Abandonment by parents (i.e., no contact and no support for at least one year);
4. Incarceration or institutionalization of both parents; or
5. Death of both parents or death of only parent in a single family household.

The following circumstances **do not** merit a dependency override:

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

The law also requires that the determination of unusual circumstance(s) be made **each award year**. A determination of independence in one year does not mean that the student would automatically be an independent student in a subsequent award year. The financial aid administrator must affirm, in the subsequent year, that the conditions for determining the student to be independent continue to exist and continue to make expecting a parental contribution inappropriate.

**\*Please note that a Change of Dependency Status processed by another institution is not binding on DBU.**

If you believe you have an unusual circumstance that would make you independent of your parents, complete the following:

- Request for Change of Dependency Status Student Information** - Must be complete and signed.
- Personal letter** - A letter stating your extenuating circumstances, what has caused you to become independent from your parents, when you became independent, and how you have provided for your own necessities (shelter, food, clothing, transportation, medical care, etc.).
- Professional letter** - A letter on letterhead from a guidance counselor, physician, social worker, clergy, or other individual who has been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow up questions.
- Reference letters** - Two reference letters from third parties (friend, aunt, uncle, siblings, grandparents, etc.) who personally have knowledge of your situation and who can verify your circumstances. (Attached)
- Current lease or housing agreement**
- 2021-2022 Independent Income Verification Form (IVF)** - see <https://www.dbu.edu/financial-aid/forms.html>
- 2019 IRS Tax Transcript and W2's**. An IRS Tax Transcript may be requested by calling the IRS at 800-908-9946.

**Request for review or evaluation will not be completed until all the above information is provided as a package. All information provided will be kept strictly confidential.**

**2021-2022**  
**Request for**  
**Change of Dependency Status**  
**(Student Information)**

Student ID: \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 I have lived at this address since: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
3. Do you operate a motor vehicle? Yes  No  Who owns the title to the vehicle? \_\_\_\_\_  
 What is their relationship to you? \_\_\_\_\_
4. Is the insurance on this vehicle in your name? Yes  No   
 What is the insured's name? \_\_\_\_\_  
 What is their relationship to you? \_\_\_\_\_
5. Have you been in contact with your parents during the past 12 months?  
 Father: Yes  No  If Yes, when and what was the nature of the contact? \_\_\_\_\_  
 \_\_\_\_\_  
 Mother: Yes  No  If Yes, when and what was the nature of the contact? \_\_\_\_\_  
 \_\_\_\_\_
6. Have you received any financial support from your parents during the past 12 months? If so, list amount.  
 Father: Yes  \$ \_\_\_\_\_ No  Mother: Yes  \$ \_\_\_\_\_ No
7. Did your parents include you as part of their company or group health insurance program in the years:  
 2020: Yes  No  2021: Yes  No
8. Did anyone claim you on their previous tax return? Yes  No  If yes, who? \_\_\_\_\_
9. 

<u>BUDGET / EXPENSE SUMMARY</u>	<u>2020 Monthly Expenses</u>	<u>2021 Monthly Expenses</u>
Rent/Housing	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Food	_____	_____
Transportation (Car Payments, Insurance, Gas, etc.)	_____	_____
Health Insurance	_____	_____
Personal (Clothing, etc.)	_____	_____
Other _____	_____	_____
<b>TOTAL:</b>	_____	_____
10. What is your current monthly income? \$ \_\_\_\_\_ Source: \_\_\_\_\_

You MUST **provide the following documents** with this Change of Dependency Status Request:

- |  |                                       |
|--|---------------------------------------|
| 1) Personal Letter   | 5) Current Lease or Housing Agreement |
| 2) Two Letters of Reference  | 6) 2019 Tax Transcript from the IRS   |
| 3) Professional Letter   | 7) 2021-2022 FAFSA                    |
| 4) 2021-2022 IVF for Independent Student ( <a href="https://www.dbu.edu/financial-aid/forms.html">https://www.dbu.edu/financial-aid/forms.html</a> ) |                                       |

***I certify all information provided with this Student Information Sheet is complete and accurate.***  
***I understand that the decision made based on this petition ONLY affects my application for financial aid at DBU.***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form with any requested attachments to:**  
**Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211**  
**Please scan, attach, and email to [finaid@dbu.edu](mailto:finaid@dbu.edu) or fax (214)-333-5586.**

<b>Office of Financial Aid Use Only</b>	
Counselor's Name: _____	Approved _____ Denied _____
Date: _____	
Remarks/Reason: _____	
Director's Name: _____	Approved _____ Denied _____



2021-2022
Reference Letter - #1
Request for Change of Dependency Status

Student ID: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

To your knowledge, does the applicant receive any financial support from parents? [ ] Yes [ ] No

Provide a detailed statement explaining your knowledge of the applicant's unusual circumstance that has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education and any additional information that will distinguish the applicant's situation as out of the ordinary. You may use the back of this form, if needed, for additional space.

Multiple horizontal lines for providing a detailed statement.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Name of Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_

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2021-2022
Reference Letter - #2
Request for Change of Dependency
Status

Student ID: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

To your knowledge, does the applicant receive any financial support from parents? [ ] Yes [ ] No

Provide a detailed statement explaining your knowledge of the applicant's unusual circumstance that has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education and any additional information that will distinguish the applicant's situation as out of the ordinary. You may use the back of this form, if needed for additional space.

Multiple horizontal lines for providing a detailed statement.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Name of Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_

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