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 2019-2020 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**
- **2017 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 of the above information is provided as a package. All information provided will be kept strictly confidential.
DBU
FINANCIAL AID
DALLAS BAPTIST UNIVERSITY

2019-2020
Request for
Change of Dependency Status
(Student Information)

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:
   2018: Yes [ ] No [ ] 2019: Yes [ ] No [ ]

8. Did anyone claim you on their 2016 tax return? Yes [ ] No [ ]
   If yes, who? ____________________________

9. BUDGET / EXPENSE SUMMARY
   2018 Monthly Expenses
   2019 Monthly Expenses
   Rent/Housing ____________________________ ____________________________
   Utilities ____________________________ ____________________________
   Telephone ____________________________ ____________________________
   Food ____________________________ ____________________________
   Transportation (Car Pmts, Ins, Gas, etc.) ____________________________ ____________________________
   Health Insurance ____________________________ ____________________________
   Personal (Clothing, etc.) ____________________________ ____________________________
   Other ____________________________ ____________________________

   TOTAL: ____________________________ ____________________________

10. What is your current monthly income? $ __________ Source: ____________________________

   You MUST provide the following documents with this Change of Dependency Status Request:
   1) Personal Letter
   2) Two Letters of Reference
   3) Professional Letter
   5) Current Lease or Housing Agreement
   6) 2017 Tax Transcript from the IRS
   7) 2019-2020 Paper FAFSA

   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 or fax (214)-333-5586.

Office of Financial Aid Use Only

Counselor's Name: ____________________________ Approved ______ Denied ______ Date: ____________
Remarks/Reason: ____________________________

Director's Name: ____________________________ Approved ______ Denied ______ Date: ____________
Remarks/Reason: ____________________________ Letter ____________________________
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.

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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:(   ) _____________
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.

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