



201F – 201G DEPENDENCY CHANGE REQUEST INSTRUCTIONS

Brazosport College Financial Aid office is required to follow federal government guidelines in determining a student's dependency status. You are applying for Financial Aid and do not meet the definition of an independent student as described by the U.S. Department of Education for students wishing to apply for Federal Student Financial Aid programs. Financial aid administrators have the authority, through Section 480(d)(7) of the Higher Education Act, to change a student's status from dependent to independent in cases involving unusual circumstances. You will be asked to explain your extenuating circumstances in writing and provide evidence for your claim. The Financial Aid Office will review your dependency status and determine whether you can be considered independent based on a professional judgment exception.

Please note: Appealing for independent status is a procedure that takes time and may delay the timely processing of your financial aid; it is a process that should be considered only in cases of extenuating circumstances. Incomplete requests will NOT be processed.

The following circumstances do **NOT** merit a dependency override, either alone or in combination:

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

Sometimes there are additional circumstances that occur in conjunction with these circumstances that **MAY** merit a dependency override. These can include the following:

- an abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence)
- abandonment by parents
- incarceration or institutionalization of both parents
- parents lacking the physical or mental capacity to raise the child
- parents whereabouts unknown or parents cannot be located
- an unsuitable household (e.g., child removed from the household and placed in foster care)

The following documentation is **required** in order for your request to be reviewed:

1. The student **MUST** have a completed *FAFSA* on file
2. The student must complete the "*Applicant Income Profile*"
3. The student must write (preferably typed) a **personal statement** of the current situation. You must explain completely and explicitly the basis of your appeal. It is strongly recommended that you include how you supported yourself after independence from your parent(s). Please note that your statement will be used only to determine if a dependency exception should be made and the information will be held in strictest confidence. Make sure your statement is signed and dated.
4. You must have three (3) references complete the attached "*Reference*" forms and return them to our office. References may be submitted from each of the following persons who can verify your situation:
 - Close relative (only 1 reference can be a family member)
 - High School Counselor, Principal, or Superintendent
 - College Advisor/Counselor, Professor, Instructor
 - Tax accountant and/or attorney
 - Director of Boy's Ranches, Children/Youth Home, Girl's Town, or similar institutions
 - Pastor or clergy person
 - Other person who can accurately verify your situation

If **approved** student will be notified by mail at the address listed on this application. Regardless of the outcome, students **MUST** reapply for dependency change requests each academic year.

Office of Financial Aid

500 College Dr * Lake Jackson, TX 77566 * Phone: 979.230.3377 * Fax: 979.230.3543

It is the policy of Brazosport College not to discriminate on the basis of gender, disability, race, creed, color, age, and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

REFERENCE

Name of Applicant: _____ **Student ID #:** _____

The applicant above has requested a change in their financial aid dependency status. You are being asked to serve as a reference for the applicant in this process.

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- Parents lacking the physical or mental capacity to raise the child ;
- Parents whereabouts unknown or parents cannot be located;
- An unsuitable household (e.g., child removed from the household and placed in foster care).

1. Identify your relationship to the applicant: _____ How long have you known the applicant: _____
2. With whom does the applicant reside? _____
3. To your knowledge, has anyone claimed the applicant as an exemption on income tax forms for the following years:
2009? ____ Yes ____ No Who? _____ **2010?** ____ Yes ____ No Who? _____
4. Please explain what you know to be the applicant's situation. Please keep in mind the above circumstances which do or do not warrant a dependency override. If you should need more space, please use the back of this form.

To the best of my knowledge, I certify that the information provided is true and complete. I also understand that I may be contacted if further information is required.

Name of Reference (Please Print): _____

Signature: _____ **Date:** _____

Street Address or P. O. Box: _____ **City/State/Zip:** _____

Phone #:() _____ **Best time to be reached:** _____

Notarized Signature of Reference

State of Texas
County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary)

_____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

(Reference's Signature) Date: _____

(SEAL)

(Notary Public Signature) Date: _____

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