

# Trinity Valley Community College

2008 - 2009

## Institutional Dependency Change Request

### Instructions

You are applying for financial aid and do not meet the definition of an independent student as prescribed by the U. S. Department of Education for students wishing to apply for federal student financial aid programs. Even though you do not meet this definition of an independent student, you are claiming to meet one of the following situations and must attach documentation supporting this claim:

- 1) You have evidence to prove an abusive family environment.
- 2) You have evidence to prove abandonment.

Before the Financial Aid Office can consider any changes regarding dependency status, you **MUST** provide us with the following documentation:

- 1) Complete the attached **Applicant** form and return it to our office.
- 2) Submit a letter explaining your situation in detail with as much supporting documentation as you can provide (police reports, Child Protective Services reports, etc.).
- 3) Submit at least one letter from a 3<sup>rd</sup> party who can verify your situation (preferably an official, with letter submitted on letterhead paper).

# 2008 - 2009 Institutional Dependency Change Request

## Applicant

Name of Applicant \_\_\_\_\_ SSN \_\_\_\_\_

1. Provide the following based on average monthly figures for the period **January 1, 2007 to December 31, 2007.**

### Income and Resources (per month)

Employment	\$ _____	Social Security	\$ _____
AFDC	\$ _____	Food Stamps	\$ _____
Veteran's Benefits	\$ _____	Child Support	\$ _____
Gifts	\$ _____	Other (Specify): _____	\$ _____
Housing, food and other allowances provided by parents, guardians, etc.	\$ _____		\$ _____
		<b>Total per Month</b>	<b>\$ _____</b>

2. Will you receive any support from your parents during the 2008-2009 school year? (Circle one) **Yes** **No**

Amount from Father \$ \_\_\_\_\_ Amount from Mother \$ \_\_\_\_\_

3. Please explain briefly what your circumstances are for requesting a change in your dependency status.

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4. If you reside with someone, provide the following information about that person:

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Length of Residency \_\_\_\_\_

**I certify that all of the information on this form is true and complete to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address or P. O. Box \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Please return completed form to:

**TRINITY VALLEY COMMUNITY COLLEGE**  
**Office of Financial Services**  
**100 Cardinal Drive**  
**Athens, Texas 75751**

# Institutional Dependency Change Request Reference

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant? \_\_\_\_\_ If so, how? \_\_\_\_\_
3. With whom does the applicant reside? \_\_\_\_\_
4. To your knowledge, has anyone, other than applicant's spouse, claimed the applicant as an income tax exemption for the following years:  
**2006**  Yes  No Who? \_\_\_\_\_  
**2007**  Yes  No Who? \_\_\_\_\_
5. Please explain briefly what you know to be the applicant's situation. If you need more space to explain, please attach a letter or use the back of this form.

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**I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.**

Name of Reference (please print) \_\_\_\_\_ Title/Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Best time to be reached \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

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