



2009- 2010 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 3rd party who can verify your situation (preferably an official, with letter submitted on letterhead paper).

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Applicant

Name of Applicant _____ SSN _____

1. Provide the following based on average monthly figures for the period **January 1, 2008 to December 31, 2008.**

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.	\$ _____		\$ _____
		Total per Month	\$ _____

2. Will you receive any support from your parents during the 2009-2010 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.

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 Aid
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:
2007 Yes No Who? _____
2008 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.

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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