

Name:

SECTION A: STUDENT INFORMATION

2022-2023 Request for Institutional Dependency Change Request

TVIN or SSN:

Student Financial Aid and Scholarships has the authority, through <u>Section 480(d)(7) of the Higher Education Act</u> , to change a student's status from dependent to independent in cases involving unusual circumstances.
We will review your file for a Dependency Change in cases of abuse, abandonment, or neglect. If your situation falls under one of these reasons, complete the Institutional Dependency Change Request Form and follow the instructions.
 We cannot process a dependency override for any of the following reasons: 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.
Please be advised that the submission of this form does not guarantee any changes to your financial aid awards. To secure a class schedule, the student must ensure tuition is paid in full and be enrolled in a minimum of six (6) credit hours. Failure to submit all required documentation will result in automatic denial of this form.
 ✓ Ensure the form is completed, proof of income is attached, and return to our office. ✓ You must provide 3 separate references, two of these references must be Professional in nature (i.e. School Administration, Pastoral, Supervisor, Counselor, etc.) and one a Character Reference (i.e. friend, family member, coworker, etc.). Please forward the attached Institutional Dependency Change Request Reference form to your reference to be completed. ✓ Have your reference complete the reference form and return to TVCC on your behalf.
✓ Allow 6-8 weeks for our office to review your form. Student will be notified by email when review is complete.
I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. Electronic signatures are not accepted.
Student Signature Date
Return this completed form with any required documentation to:

SECTION C: STUDENT INCOME INFORMATION FOR THE YEAR 2022

STUDENT COMPLETING COLUMNS A & B

- ▶ Provide your actual and estimated 2022 income amounts for each item listed below.
- ► Attach current proof of income
- ▶ Provide a total amount for each time period. **DO NOT** indicate weekly or monthly amounts.

 DO NOT include any income in Column B that is already accounted for in Column A. DO NOT leave any lines blank. 	COLUMN A Gross Income received	COLUMN B Estimated Gross Income expected after today
▶ If an amount is zero, indicate with a "\$0."	(1/1/22 - today)	(today - 12/31/22)
Student's wages, salaries, tips	\$	\$
Social Security Income/Benefits Received	\$	\$
Veteran's Benefits	\$	\$
Gifts or money paid on your behalf by(source)	<u>\$</u>	\$
Other Income (Please Specify):	\$	\$

SECTION D: STUDENT APPLICATION
Will you receive any support from you parents during the 2022-2023 school year? (Circle One) YES NO
Amount from Father: Amount from Mother:
Are you listed as an exemption on a tax return for 2020? (Circle One) YES NO
If answer 'yes' above, provide the name of taxpayer here:
If you reside with someone, please provide the following information about that person:
Name: Address:
Relationship: Length of Residency:
Provide a personal statement indicating your relationship with your biological mother and father. Include supporting documentation (police reports, Child Protective Services reports, etc.) as applicable.

Institutional Dependency Change Request Reference

Student Name	SSN\College ID
How long have you known the stu	dent?
Are you related to the student?	If so, relationship?
With whom does the student resid	e?
To your knowledge, has/will anyo following years:	ne, other than student's spouse, claimed the student as an income tax exemption for the
2021 ☐ Yes ☐ No Wh 2022 ☐ Yes ☐ No Wh	o (Name-Relationship to student)?o (Name-Relationship to student)?
Please explain briefly what you knuse the back of this form.	now to be the student's situation. If you need more space to explain, please attach a letter or
certify that all of the information may be contacted if further info	n on this form is true and complete to the best of my knowledge. I also understand the rmation is needed.
·	Warning: If you purposely give false or misleading information, you may be fined, sent to prison or both.
Name of Reference (please print)_	Title/Relationship to Student
Signature	Day Telephone ()
Street Address or P.O. Box	Best time to be reached
City/State/Zip	Date
Person providing thi	is reference must return completed form and any documentation to:
	TVCC Financial Aid Office 100 Cardinal Drive
	Athens, TX 75751
	shelley.jones@tvcc.edu

Institutional Dependency Change Request Reference

Student Name	;	SSN\College ID	
How long hav	e you known the	student?	
Are you relate	ed to the student	If so, relationship?	
With whom do	oes the student 1	side?	
To your know following year	•	yone, other than student's spouse, claimed the student as an income tax exemption for the	
2021 2022	☐ Yes ☐ No	Who (Name-Relationship to student)? Who (Name-Relationship to student)?	
Please explain use the back o		know to be the student's situation. If you need more space to explain, please attach a letter of)r
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		ation on this form is true and complete to the best of my knowledge. I also understand information is needed.	th
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Name of Refe	rence (please pr	tt)Title/Relationship to Student	
Signature		Day Telephone ()	
Street Address	s or P.O. Box	Best time to be reached	
City/State/Zip)	Date	
1	Person providi	g this reference must return completed form and any documentation to:	
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		Athens, TX 75751	
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	TVCC Financial Aid Office 100 Cardinal Drive Athens, TX 75751	
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