



2024-2025 Institutional Dependency Change Request

SECTION A: STUDENT INFORMATION

Name: _____ TVIN or SSN: _____

Student Financial Aid and Scholarships has 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.

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, co-worker, 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.**

SECTION B: CERTIFICATION

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

Date

Return this completed form with any required documentation to:

Trinity Valley Community College - 100 Cardinal Drive, Athens, TX 75751,
fax to (903) 675-6345 or upload your forms to our secure inbox by following this link,
https://webapps.tvcc.edu/Jotforms/JF_FA_FormUpload/.

STUDENT COMPLETING COLUMNS A & B

- ☐ **DO NOT** include any income in Column B that is already accounted for in Column A.
- ☐ **DO NOT** leave any lines blank.
- ☐ If an amount is zero, indicate with a "\$0."

COLUMN A		COLUMN B	
Gross Income Gross received expected		Estimated Income after today	
(1/1/24 – today)		(today – 12/31/24)	
\$ _____	\$ _____		
\$ _____	\$ _____		
\$ _____	\$ _____		
\$ _____	\$ _____		
\$ _____	\$ _____		

Will you receive any support from you parents during the 2024-2025 school year? (Circle One) YES NO

Amount from Father: _____ Amount from Mother: _____

Are you listed as an exemption on a tax return for 2023? (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 student? _____

Are you related to the student? _____ If so, relationship? _____

With whom does the student reside? _____

To your knowledge, has/will anyone, other than student's spouse, claimed the student as an income tax exemption for the following years:

2023 ☐ Yes ☐ No Who (Name-Relationship to student)? _____

2024 ☐ Yes ☐ No Who (Name-Relationship to student)? _____

Please explain briefly what you know to be the student'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.

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 _____ Telephone (____) _____

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

City/State/Zip _____ Date _____

Person providing this reference must return completed form and any documentation to:

TVCC Financial Aid Office
100 Cardinal Drive
Athens, TX 75751
shelley.jones@tvcc.edu

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