

**SECTION A: STUDENT INFORMATION** 

Name:

## 2025-2026 Institutional Dependency Change Request

We will review your file for a Dependency Change in cases of abuse, abandonment, or neglect. If your situation fal under one of these reasons, complete the Institutional Dependency Change Request Form and follow the instructions.
<ul> <li>We cannot process a dependency override for any of the following reasons:</li> <li>Parents refuse to contribute to the student's education;</li> <li>Parents are unwilling to provide information on the application or for verification;</li> <li>Parents do not claim the student as a dependent for income tax purposes;</li> <li>Student demonstrates total self-sufficiency.</li> </ul>
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 denia of this form.
<ul> <li>✓ Ensure the form is completed, proof of income is attached, and return to our office.</li> <li>✓ You must provide 3 separate references, two of these references must be Professional in nature (i.e. Scho 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.</li> <li>✓ Have your reference complete the reference form and return to TVCC on your behalf.</li> <li>✓ Allow 6-8 weeks for our office to review your form. Student will be notified by email when review is complete.</li> </ul>
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. <b>Electronic signatures are not accepted.</b>
Student Date
<del></del>

TVIN or SSN:

change a student's status from dependent to independent in cases involving unusual circumstances.

Student Financial Aid and Scholarships has the authority, through Section 480(d)(7) of the Higher Education Act, to

SECTION C: STUDENT INCOME INFORMATION FOR THE YEAR 2	2025			
STUDENT COMPLETING COLUMNS A & B	2023			
	for each item liste	d below		
Provide your actual and estimated 2023 income amounts for each item listed below.  Attach current proof of income				
Provide a total amount for each time period. <b>DO NOT</b> indi	icate weekly or mo	nthly amounts.		
□ <b>DO NOT</b> include any income in Column B that is already	accounted for in	COLUMN A Gross Income	COLUMN B Estimated	
Column A. □ <b>DO NOT</b> leave any lines blank.		Gross receive		
☐ If an amount is zero, indicate with a "\$0."		expected	after today	
, , , , , , , , , , , , , , , , , , , ,		(1/1/25 – today)	(today – 12/31/25)	
Student's wages, salaries, tips		\$	\$	
Social Security Income/Benefits Received		\$	\$	
Veteran's Benefits		\$	\$	
Gifts or money paid on your behalf by	(source)	\$	\$	
Other Income (Please Specify):		\$	\$	
SECTION D: STUDENT APPLICATION				
Will you receive any support from you parents during the 2025-2026 school year? (Circle One)  YES  NO				
Amount from Father:	Amount from Moth	er:		
Are you listed as an exemption on a tax return for 2024? (Circle Or	ne) YES N	0		
If answer 'yes' above, provide the name of taxpayer here:				
If you reside with someone, please provide the following informatio	n about that persor	n:		
Name: Address: _				
Relationship: Length of F	Residency:			
Provide a personal statement indicating your relationship with your	· biological mother a	and father. Inclu	ide supportina	
documentation (police reports, Child Protective Services reports, e			9	

## **Institutional Dependency Change Request Reference**

Student Name	SSN\College ID
How long have you known the stude	ent?
Are you related to the student?	If so, relationship?
With whom does the student reside	?
To your knowledge, has/will anyone for the following years:	e, other than student's spouse, claimed the student as an income tax exempti
<b>2024</b> ☐ Yes ☐ No Who (Na <b>2025</b> ☐ Yes ☐ No Who (Na	me-Relationship to student)?
Please explain briefly what you kno attach a letter or use the back of this	w to be the student's situation. If you need more space to explain, please s form.
	on this form is true and complete to the best of my knowledge. I also differ further information is needed.
anderstand that I may be contacte	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 refer	ence must return completed form and any documentation to:
	TVCC Financial Aid Office
	100 Cardinal Drive Athens, TX 75751
	shellev.iones@tvcc.edu

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