

NORWALK COMMUNITY COLLEGE

DEPENDENCY STATUS APPEAL FORM 2009-2010

For purposes of Financial Aid, there are two types of students-dependent and independent. To determine the dependency status of Financial Aid applicants, Norwalk Community College uses the Federal Higher Education Act regulations. Under these criteria, most unmarried graduates under the age of twenty-four are considered dependent.

The Federal Government realizes however there are exceptions. For this reason, it allows Financial Aid Administrators to use Professional Judgement to override the criteria in extreme circumstances and classify students as independent. Professional Judgement must be justified and supported by adequate documentation.

If, after answering the questions on Section D of the Free Application for Federal Student Aid (FAFSA), you are classified as dependent but believe that you should be considered independent, you may appeal. There are two acceptable reasons for filing an appeal for professional judgement, these reasons are outlined below. If you feel that you are eligible to file an appeal, complete the Dependency Status Appeal Form and return it, along with the required documentation, to the Financial Aid Office. Your appeal will be reviewed and a decision made as soon as possible. Failure to answer all questions adequately or failure to provide all required documentation will delay or cause your appeal to be denied.

REASONS AND DOCUMENTATION REQUIRED

REASON #1: A situation exists in your family that makes it unreasonable or impossible for you to obtain your parent's income and asset information. Examples of such situations would be abandonment, parental drug abuse, parent mental incapacity, physical or emotional abuse, parental incarceration, or severe estrangement.

DOCUMENTATION REQUIRED: You must write a personal statement in which you explain the situation that exists in your family. When writing your statement be complete and specific. The more information you provide, the better your chances will be of having your appeal approved. Please be assured that all information will be held in strict confidence. In addition to the above, you must provide statements from at least two adults who are familiar with and can verify your circumstances. These should include teachers, clergy, guidance counselors, law enforcement officials or doctors. These statements must be signed. If the statement is not on business letterhead, the statement must be notarized.

REASON #2: You have been supporting yourself completely for at least two years. Support means that you must be paying your own rent, utilities, car payment, health insurance, food, car insurance, clothing, medical expenses, and school expenses. Payments must have been made from your own funds. **If you resided in your parents' home at any time within this period you are not eligible to file an appeal based on reason 2.**

DOCUMENTATION REQUIRED: You must write a personal statement in which you explain how you came to support yourself, when you last resided with or received support from your parents, and how you have been supporting yourself since that time.

You must submit photocopies of the following:

*Signed copies of your parents' federal income tax returns for the past two years. If your parents are divorced, you must submit copies of both parents' returns.

*Signed copies of your federal income tax returns for the past two years.

*If you had untaxed income in such as Social Security or Veteran benefits, Worker's Compensation, Unemployment, Etc. provide documentation of that income (eg-SSA-1099) for the past two years

*Provide a copy of your lease, property title, or rental agreement. If none is available, you must provide a **notarized** statement from your landlord stating when you began renting and that he/she receives payment from you each month and the amount of this payment.

*Provide copies of receipts or canceled checks (front and back) documenting payment for rent and utilities for the last 24 months.

*If you drive a car, provide a copy of your car's registration and your insurance policy. Also, provide copies of receipts or canceled checks documenting payments for car loans, insurance and auto repairs.

DEPENDENCY STATUS APPEAL FORM

REASON FOR APPEAL (CHECK ONE) REASON #1 ____ REASON #2 ____

BIOGRAPHICAL INFORMATION

1. NAME: _____
2. SOC. SEC # ____ - ____ - ____ D.O.B ____ / ____ / ____ PHONE# _____
3. ADDRESS: _____
4. CITY: _____ STATE: _____ ZIP: _____
5. MOTHER'S NAME: _____
6. ADDRESS: _____
7. CITY: _____ STATE: _____ ZIP: _____
8. FATHER'S NAME: _____
9. ADDRESS: _____
10. CITY: _____ STATE: _____ ZIP: _____

EMPLOYMENT INFORMATION

11. CURRENT EMPLOYER: _____
12. ADDRESS: _____
13. CITY: _____ STATE: _____ ZIP: _____
14. DO YOU HAVE UNTAXED INCOME? (SOCIAL SECURITY, WELFARE, ETC.)
 YES OR NO (CIRCLE ONE)

MISCELLANEOUS INFORMATION

15. DO YOU DRIVE A CAR? YES OR NO (CIRCLE ONE)
 INSURANCE COMPANY: _____
 POLICY HOLDER: _____

16. DO YOU RENT OR LEASE A HOUSE OR APARTMENT? YES OR NO

NAME(S) ON RENTAL AGREEMENT OR LEASE: _____

17. AMOUNT YOU PAY FOR RENT OR LEASE AGREEMENT EACH MONTH: _____

*If "NO", on a separate sheet of paper, explain where you live and who pays for residence.

I certify that all information provided on this form, including personal statements and documentation is true to the best of my knowledge and belief. I further understand that if I am found to have intentionally provided any false and misleading information of documentation, that my appeal will be denied and that this could affect my eligibility for Financial Aid in the future.

(STUDENT SIGNATURE)

_____/_____/_____
(DATE)