

2024-2025 Unusual Circumstances Request for Dependency Change

Stude	t Name: TCU ID:						
Phon	Number: Email Address:						
Stude indep the U a un incar of the	rm is for a financial aid applicant who is self–supporting to petition the Office of Scholarships to Financial Aid to authorize filing the Free Application for Federal Student Aid (FAFSA) adent although the applicant does not meet the definition of an independent student as prescribed. Department of Education. Unusual circumstances must be adequately documented and baseque situation (e.g., human trafficking, refugee or asylee status, parental abandonmentation). Once all documentation and requested information is received, the student will be not results within 60 days. If TCU approves your request for a dependency status change, it may did at TCU.	A) as ed by d on nent, tified					
with stude	Note: The Department of Education has identified conditions that, individually or in combinate other, DO NOT merit a change in dependency status, such as parent's refusal to contribute 's education, a parent's unwillingness to provide income information, a parent not claiming a student for tax purposes, or a student demonstrating financial self—sufficiency.	to a					
1.	You must submit to our office copies of the Tax Return Transcript of the <u>two</u> most recent tax return tyou filed, with attached W-2 forms.	urns					
	Mark if you did not file a tax return for: 2021 2022						
2.	You must also submit two references by any of the following persons who can verify your situation a close relative with whom you are not presently living, a high school counselor, teacher, principal or superintendent; tax account and/or attorney; person(s) with whom you reside; director of th student outreach program; pastor or another professional who has knowledge of your situation Make sure any submitted references include your name, TCU ID number, and the following how long the reference has known you, a description of their relationship to you, and their own statement about your current living/financial situation.						
3.	You must submit a letter to our office explaining in detail your circumstances for requestic change in dependency status. Include information such as: Where do your parents reside, and was the last time you had contact with either of them? What is the reason that your parents do provide housing/support? What is the reason your parents refuse to help with your educate What reasons can you give to substantiate independence from your parents' support?	when o not					
4.	Did you live with either parent during the past calendar year? Yes No						
	If yes, When?						
5.	Have you received any financial support from your parents in the past year (payment of bills, of for expenses, etc.)? Yes No	cash					
	If yes, indicate the amount \$ and the date you received it						

What is your current permanent address?								
How long have	you lived ther	e?						
Is the residence	listed above o	owned by a relat	ive? Yes	No No				
If yes, how are y	you related?							
If you reside wit	th someone, p	rovide the follo	wing information abo	ut that perso	n(s):			
Name: Relationship:								
Income Last	Average	# of	Expenses Last	Average	Is This	Who		
Calendar Year	Monthly Amount	Months Received Last Year	Calendar Year	Monthly Amount	Bill in Your Name?	Paid This Bill?		
Vork		2007 1 002	Housing		1 (022)			
Unemployment Compensation			Food (purchased by you)					
ocial Security r Disability Benefits			Car / Transportation					
Veteran's Benefits			Telephone / Cell Phone					
Child Support			Utilities (Gas, Water, Electric)					
Pension			Insurance (Auto, Health)					
AFDC / TANF Welfare)			Child Day Care					
NAP Food Stamps)			Credit Cards					
Other Cash Received			Other					
Other Income Source			Total Monthly Expenses		XXXX	XXXXX		

Do your average monthly expenses exceed your average monthly income? Yes No	
If yes, explain how you covered expenses:	
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All the information on this form is true and complete to the best of my knowledge. I understand that if a the information requested above is not supplied, no action will be taken on this request. If asked by a authorized official, I agree to give proof of the information that I have given on this form. I also realize the if I do not give proof when asked, my application for financial assistance as an independent student will not be processed. I also understand that any suspected fraud will be reported to the appropriate authorities are	in at ot
the Office of the Inspector General.	u
Student Signature (not typed) Date	_
Texas Christian University does not discriminate on the basis of personal status, individual characteristic or group affiliation, including but not limited to classes protected under federal and state law.	S