



## 2021-2022 Dependency Change Request

Student Name: \_\_\_\_\_ TCU ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

This form is for a financial aid applicant who is self-supporting to petition the Office of Scholarships and Student Financial Aid to authorize him or her to file the Free Application for Federal Student Aid (FAFSA) as independent although he or she does not meet the definition of an independent student as prescribed by the U.S. Department of Education. Any circumstances must be adequately documented. If TCU approves your request for a dependency status change, it will only be valid at TCU.

Please Note: The Department of Education has identified conditions that, individually or in combination with each other, DO NOT merit a change in dependency status, such as parent's refusal to contribute to a student's education, a parent's unwillingness to provide income information, a parent not claiming a student as a dependent for tax purposes, or a student demonstrating financial self-sufficiency.

1. You must submit to our office copies of the Tax Return Transcript of the two most recent tax returns you filed, with attached W-2 forms.

Mark if you did not file a tax return for:  2018  2019

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, high school counselor, teacher, principal, or superintendent; tax account and/or attorney; person(s) with whom you reside; director of 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 requesting a change in dependency status. Include information such as: Where do your parents reside, and when was the last time you had contact with either of them? What is the reason that your parents do not provide housing/support? What is the reason your parents refuse to help with your education? What reasons can you give to substantiate independence from your parents' support?

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, cash for expenses, etc.)?  Yes  No

If yes, indicate the amount \$\_\_\_\_\_ and the date you received it \_\_\_\_\_

6. Will anyone besides yourself claim you as a Tax Exemption on his or her tax return in the past two years?  Yes  No

If yes, what is his or her name and relationship to you?

\_\_\_\_\_

7. What is your current permanent address? \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Is the residence listed above owned by a relative?  Yes  No

If yes, how are you related? \_\_\_\_\_

If you reside with someone, provide the following information about that person(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Length of joint residency: \_\_\_\_\_

Income Last Calendar Year	Average Monthly Amount	# of Months Received Last Year
Work		
Unemployment Compensation		
Social Security or Disability Benefits		
Veteran's Benefits		
Child Support		
Pension		
AFDC / TANF (welfare)		
Food Stamps		
Other Cash Received		
Other		
TOTAL Monthly Income		XXXXXX

Expenses Last Calendar Year	Average Monthly Amount	Is This Bill in Your Name?	Who Paid This Bill?
Housing			
Food (purchased by you)			
Car / Transportation			
Telephone / Cell Phone			
Utilities (Gas, Water, Electric)			
Insurance (Auto, Health)			
Child Day Care			
Credit Cards			
Other			
Total Monthly Expenses		XXXX	XXXXXX

Do your average monthly expenses exceed your average monthly income?

Yes  No

If yes, explain how you covered expenses:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

All the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied, no action will be taken on this request. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that 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 and the Office of the Inspector General.

\_\_\_\_\_  
Student Signature (*Electronic signature not accepted.*)

\_\_\_\_\_  
Date

Texas Christian University does not discriminate on the basis of personal status, individual characteristics or group affiliation, including but not limited to classes protected under federal and state law.