2015-2016
Dependency Status Appeal Form

Student’s Name________________________ Social Security#__________________

The federal government sets the criteria for determining the dependency status of financial aid applicants. It is assumed that the family has primary responsibility for meeting the educational costs of students. However, the federal government recognizes exceptions to this rule and allows financial aid administrators to waive the criteria in extreme circumstances and classify students as independent according to the administrator’s professional judgment. Professional judgment must be consistent, justified, and documented.

Please complete this form, with all requested documentation attached, and return it to Baltimore City Community College, Office of Student Financial Aid, Room 024, 2901 Liberty Heights Avenue, Baltimore, Maryland 21215. Failure to provide requested documentation will result in denial of your appeal. A decision letter will be sent to you as soon as an evaluation of your appeal is completed.

I. Reasons for Appeal

There are two acceptable reasons for appealing your dependency status. Please check the appropriate situation, which explains your reason for appealing. IF YOUR SITUATION DOES NOT FIT INTO ONE OF THESE CATEGORIES, YOU ARE NOT ELIGIBLE TO APPLY FOR A DEPENDENCY APPEAL. DO NOT COMPLETE THIS FORM.

_____ 1. A severe situation exists in your family, which renders it impossible for you to obtain your parents financial information, such as physical or emotional abuse, estrangement, parental drug abuse or mental incapacity, abandonment, or other situation beyond your control.

_____ 2. You are a non U.S. citizen (who is otherwise eligible to receive federal financial aid according to your non-citizen status), and your parents currently reside in a foreign country. However, you are not able to obtain parental information because of long standing political policy or civil unrest in the country in which your parents live, which prevents mail and/or funds from passing in and/or out of the country.
II. Biographical Information

Name ________________________________________ Social Security # ____________

Permanent Address ________________________________________________________________

Phone # ______________________________________

Employer’s Name & Address __________________________________________________________

Phone # ______________________________________

If you currently have more than one employer, please list the names and telephone numbers of all other employers on a separate sheet of paper and attach it to this application.

NOTE: FILING AN APPEAL DOES NOT GUARANTEE AN APPROVAL. HOWEVER, ALL REQUESTS WILL RECEIVE FULL CONSIDERATION AND NOTICE WILL BE GIVEN OF THE RESULTING DECISION.

I hereby certify that all information contained in this application for independent status, including the personal statement and documentation, is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied, and my eligibility for financial aid could be terminated.

Signature ________________________________________ Date ________________________________
III. Personal Statement and Documentation

For your appeal to be considered, you must illustrate why you believe you should be considered independent. You must write a personal statement in which you describe your circumstances and provide documentation supporting the information contained in that statement. The information required depends upon your reason for appeal. When writing your personal statement, **be complete and specific**. A short, highly generalized statement will cause your appeal to be denied. The more information you provide, the more likely your appeal will be approved. All information provided will be held in the strictest confidence. Attach all statements and documentation securely to this application.

Provide the appropriate personal statement and documentation only for the appeal reason you are claiming (1 or 2).

**Reason #1**

**Personal Statement**

On separate paper, tell us in your own words why you should be considered an independent student. Explain the circumstances leading to your independence from your family (detailed description of the severe situation, events leading to and forcing the separation from your family, current and expected status of your separation from your family, etc.). If you are receiving support from friends or relatives, you must describe the nature and amount of that support and how you came to receive it.

**Documentation**

Provide statements, from at least two professional adults, who are not family members or friends, to verify the family circumstances you described in your personal statement. Professional adults include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, and law enforcement officers. The statements you submit must be originals, not photocopies, and on professional office letterhead. In addition to letters, you must submit additional documentation from Social Service Agencies, Law enforcement Agencies or other state or local agency that knows your situation. This office prefers letters of support from high school personnel.

**Reason #2**

**Personal Statement**

On separate paper, tell us in your own words why you should be considered an independent student. Explain, in detail, the political policy or civil unrest in the country where your parents live which prevents mail and/or funds from entering or leaving the country. If you are receiving support from friends or relatives, you must describe the nature and amount of that support and how you came to receive it.

**Documentation**

Provide a statement from an official from the embassy (or other diplomatic office) of the country where your parents live, which describes the long standing political or civil unrest which exists there. The statement must verify that it is impossible to get mail and/or funds in to or out of the country. The statement you submit must be an original, not a photocopy.
**Remember:** The success of your appeal depends upon you—what you tell us in your personal statement, and what you show us in your documentation. You should concentrate on providing facts, not opinions. Provide all information that you believe will help to outline your situation. All information will be kept confidential, and will only be used to determine your dependency status for financial aid application purposes. If you have any questions, please contact your Financial Aid Counselor.

**IV. Yearly Expense and Income Worksheet**

All students must complete this worksheet, regardless of their reason for appeal.

1. **Expenses**
   You must indicate here your average yearly 2014 expenses and how they were covered. List the types of expenses in the first column. In the second column, fill in the amount that was paid yearly for each expense category. In the third column, give the name of the person who paid the expense or provided the item for you and their relationship to you. If you paid the cost, enter self in the third column. If your entries require clarification, please attach a separate sheet with that information.

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>What it costs per year</th>
<th>Who pays it or provides it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Housing</td>
<td></td>
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<tr>
<td>2. Utilities</td>
<td></td>
<td></td>
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<tr>
<td>3. Food</td>
<td></td>
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<td>4. Clothing</td>
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<td>5. Tuition, books, and supplies</td>
<td></td>
<td></td>
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<tr>
<td>6. Transportation</td>
<td>What type? (car, bus, bike, etc.)</td>
<td></td>
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<tr>
<td>7. Medical</td>
<td>What type? (medicine, office visits, insurance, etc.)</td>
<td></td>
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<tr>
<td>8. Miscellaneous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Income

You must indicate here your average yearly 2014 income and from what sources you received it.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Amount per year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employment</td>
<td></td>
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<tr>
<td>2. Savings/Investments: interest or dividends earned or amounts withdrawn to pay expenses</td>
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<td></td>
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<td>3. Untaxed Benefits</td>
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<tr>
<td>What type? (Worker’s Compensation, TCA, Social Security, etc.)</td>
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<td>4. Cash (i.e., allowance) from outside resources such as parents, family, friends, etc.)</td>
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<td>5. Other</td>
<td></td>
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<tr>
<td>What type?</td>
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</tbody>
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OFFICE OF STUDENT FINANCIAL AID USE

Justification/Comments ______________________________________
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Financial Aid Staff Signature ____________________________ Date __________