

HILL COLLEGE  
Institutional Dependency Change Request  
2017-2018  
Instructions

You are applying for financial aid and do not meet the definition of an independent student as prescribed by the United States Department of Education for students wishing to apply for Federal student aid programs. Even though you do not meet this definition of an independent student, you are claiming to have been supporting yourself and are requesting this financial aid office to authorize a change in your dependency status. A change to your dependency status may be warranted if an unusual circumstance exists between you and your parent(s). This situation cannot be based on your parent(s) not wanting to complete the form and/or not providing you with the help to pay for college expenses (see \*\* below) Possible reasons where a review might be considered for a dependency change:

- A. Your parent(s) is/are incarcerated.
- B. Because of your parent(s) residency you are unable to communicate or correspond.
- C. Your parent(s) is/are mentally incapacitated.
- D. Due to an abusive relationship you are estranged from your parent(s).
- E. Other documented mitigating circumstances

Before this office can consider any changes regarding your dependency status, you must provide us with the following:

- A. Clearly explain the circumstances concerning your request for a change in your dependency status (space provided on the next page).
- B. Provide two reference statements from individuals, other than your parent(s), who can confirm your statement. This statement should be from an objective third party with no material interest. A reference might come from a high school counselor, principal, social worker, doctor, clergy member, etc. References should not be related to each other and should reside at separate addresses.
- C. Complete the income and expense information form provided.
- D. Complete a verification worksheet.
- E. Provide a copy of your 2015 federal tax transcript. Please note that the financial aid specialist may require further tax information or documentation not listed on this form such as parental tax transcripts. It is your responsibility to provide that documentation by the due date set forth by the financial aid specialist.
- F. Complete the 2017-2018 FAFSA ([www.fafsa.gov](http://www.fafsa.gov)) without parental information, sign and date it. Mail or bring in all required documents to your campus financial aid office.

**\*\* Instructions When Parent(s) Refuse to Complete and Sign the FAFSA**

- A. A signed statement signed by you and your parent(s) indicating that no financial support is being provided by your parent(s). This includes: insurance of any kind, monetary assistance, room, board, car payment, in-kind support, etc.
- B. Submit a signed copy of your parent(s) 2015 tax transcript showing that you were not claimed as a dependent.

*Hill College is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of age, race, color, religion, sex, national origin, disability, genetic information, or veteran status in the administration of its educational programs, activities, or employment policies.*

**Hill College**  
**Dependency Change Request 2017-2018**

Name of Applicant \_\_\_\_\_ SSN or Student ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please explain your circumstances and why you are requesting a change in dependency status. You must include the date and reason of your last contact with parent(s). If both biological parents are living you must include this information for both parents—unless you were legally adopted by someone else. If additional space is needed please continue on the back of this page.


Did anyone claim you on their 2015 Federal Income Tax Return?  No  Yes

If yes: Person's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

In 2015 did you receive any federal or state assistance (AFDC/TANF (welfare), SSI (disability) or Social Security)?  No  Yes if yes list the resource and the amount received PER MONTH and the number of months received in 2015.

Provide the following information about your living expenses PER MONTH in 2015 and 2016. You may be asked to provide additional documentation. You may be asked to explain any amounts listed as zero.

Expenses	2015	Provided By	2016 (estimate)	Provided By
Housing				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (payment, insurance, gas etc.)				
Phone				
Other Expenses				
Total MONTHLY				

I certify that all of the information provided on this form concerning my request for a dependency override is correct and complete. Penalties provide for a fine of \$20,000, or imprisonment, or both, if a person embezzles, steals, or obtains funds by false statement or forgery.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Director of Student Information Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**HILL COLLEGE**  
**Reference for Dependency Change Request 2017-2018**

Name of Applicant (please print) \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "YES", what is your relationship to the applicant \_\_\_\_\_
3. Please describe and confirm in detail the applicant's situation to the best of your knowledge.  
If you need more space to explain, please attach a letter or use the back of this form.


**I certify that all the information on this form is true and complete to the best of my knowledge.**  
**I also understand that I may be contacted if further information is needed.**

**Name of reference** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Best time to be reached** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Best time to be reached** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HILL COLLEGE**  
**Reference for Dependency Change Request 2017-2018**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date