

TEXAS A&M UNIVERSITY - CORPUS CHRISTI
OFFICE OF STUDENT FINANCIAL ASSISTANCE

2007-2008

PETITION FOR INDEPENDENT STATUS

The U. S. Congress and the Department of Education determine the criteria for whether a student is considered dependent or independent of their parents for financial aid purposes. Generally, how the applicant responds to the questions on Step 3 on the FAFSA determines their dependency status. If you were unable to answer “yes” to any of the questions on Step 3 of the FAFSA, but feel there are extenuating circumstances which might warrant you being considered independent of your parents, you must explain those circumstances in a petition to your Financial Aid Advisor.

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

The basic underlying premise of student financial aid is that it is primarily the responsibility of the student and their family to pay educational costs. When family resources are insufficient, financial aid may be awarded to supplement the resources of the student=s family to help pay educational expenses. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay part of your college costs. Only very extenuating circumstances will make it reasonable to approve such a petition. **Be aware that having sufficient resources to pay your own expenses is NOT considered an extenuating circumstance for determining dependency status. Also, you can not use financial aid as a source of income when completing your application.**

For your petition to be considered:

1. You must not have been claimed as a tax exemption by any parent/stepparent in 2005.
2. You will not be claimed as a tax exemption by any parent/stepparent for 2006.
3. You must not have lived with your parent(s)/stepparent(s) during 2006 or any time during 2007.

Before the Office of Student Financial Assistance can consider any changes regarding dependency status, you must provide us with all of the following documentation. Incomplete applications will not be considered.

1. Completed copy of the 2007-2006 Petition for Independent Status.
2. Copies of **your** 2005 and 2006 federal income tax returns.
3. Copies of **your parent(s)/stepparent(s)** 2005 and 2006 federal income tax returns.
4. Completed copy of the attached “Reference” form from your parent(s)/stepparent(s).
5. A completed “Reference” form from **two** of the following: a close relative with whom you are not presently living with, a high school counselor or teacher, a tax accountant and/or attorney, the person with whom you reside, a member of your religious institution, or the director of Boys= Ranch, Children=s Home, Girls= Town, or a similar institution.
6. Copy of your last pay check stub.
7. Documentation of where you have lived since January 2006 (e.g. signed lease agreements, housing contract, etc.).
8. Completed copy of the 2007-2008 Verification Form.

To begin the petition process, bring your completed Petition for Independent Status and all supporting documentation to the Office of Student Financial Assistance. Please allow 4 - 6 weeks for processing.

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Name: _____ Social Security No: _____

Email: _____ Telephone No: _____

Part I. Answer the following questions:

1. What amount of financial support did you receive from your parents in 2006? \$ _____
2. What amount of financial support will you receive from your parents in 2007? \$ _____
3. What other support do you receive from your parent(s)/steparent(s) in 2006?

| Source | Amount | Source | Amount |
|---------------------|--------|----------------|--------|
| Health Insurance | | Use of vehicle | |
| Auto Insurance | | Clothing | |
| Rent/Room and Board | | Other | |

4. Do your parents/stepparents own the property in which you reside? 9 Yes 9 No

Part II. Complete the following budget based on average monthly figures for the period of January 1, through December 31, 2007.

| INCOME SOURCE | MONTHLY INCOME | EXPENSES | MONTHLY EXPENSE |
|-----------------|----------------|----------------|-----------------|
| Employment | \$ _____ | Housing | \$ _____ |
| AFDC/TANF | | Food | |
| VA Benefits | | Transportation | |
| Social Security | | Utilities | |
| Child Support | | Personal | |
| Food Stamps | | Tuition/Fees | |
| Other | | Other | |
| TOTAL | \$ _____ | TOTAL | \$ _____ |

Part III. Please explain briefly what your circumstances are for requesting a change in your dependency status. Use the back if additional space is needed.

I hereby certify that the information I have submitted is true and correct. **Warning:** If you purposely give false or misleading information on this application, you may be fined, sentenced to jail, or both.

Signature _____ Date _____

For office use only:

Previous Dependency Override 9 Yes 9 No
 Dependency Override 9 Approved 9 Denied

