



## 2018-19 Petition to Apply for Financial Aid As an Independent Applicant

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*The UM Student Aid Office encourages that PII (personally identifiable information) is not sent via email (insertion or attachment). If PII is encrypted using a password-protected WinZip archive, it may be sent via a separate email message.*

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

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

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

Award year or time frame for which you are petitioning: \_\_\_\_\_

You are considered an independent student if the student can answer "YES" to one of the following questions:

- Were you born before January 1, 1995?
- As of today, are you married? (Answer "YES" if you are separated, but not divorced.)
- At the beginning of the 2018-19 school year, will you be working on a master's or doctorate program?
- Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
- Are you a veteran of the U.S. Armed Forces?
- Do you have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019?
- Do you have dependents (other than children or spouse) who live with you and who receive more than half of their support from you now through June 30, 2019?
- At any time since you turned age 13, were your parents deceased, were you in foster care or were you a dependent or ward of the court?
- As determined by a court in your state of legal residence are you or were you an emancipated minor?
- Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?
- At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- At any time on or after July 1, 2017 did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

If you cannot answer "YES" to one of the above questions, you will be evaluated as a dependent student and you must provide the income and asset data of you and your parents.

Financial aid regulations assume that the family has primary responsibility for meeting the educational cost of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

According to Federal law none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the application or for verification.
- Parents do not claim the student as dependent for income tax purposes.

- Student demonstrates total self-sufficiency.

If you want to be considered for a dependency over-ride due to unusual or extenuating circumstances (waiver of the requirement to include parent information on the FAFSA) complete the rest of this form. Unusual circumstances may include an abusive family environment or abandonment by parents or other situations that may cause any of the above conditions. If you can document why you should be considered independent for some unusual reason, you may petition for a waiver of federal regulations requiring parental information. In your petition you should answer each of the following items, if applicable. We realize this can be a confusing process and you may want to contact our office and schedule an appointment if this is practical.

- **PROVIDE A SIGNED LETTER OR STATEMENT EXPLAINING IN DETAIL WHY YOU SHOULD BE CONSIDERED AS AN INDEPENDENT STUDENT.**

- Did you file Federal Income tax forms:
  - For 2016 \_\_\_\_ Yes \_\_\_\_ No (if yes, please provide the Financial Aid office a copy)
  - For 2017 \_\_\_\_ Yes \_\_\_\_ No (if yes, please provide the Financial Aid office a copy)
- Did your parents claim you as a dependent of Federal income tax for the:
  - Tax Year 2016 \_\_\_\_ Yes \_\_\_\_ No (if yes, please provide the Financial Aid office a copy)
  - Tax Year 2017 \_\_\_\_ Yes \_\_\_\_ No (if yes, please provide the Financial Aid office a copy)
  - Will your parents claim you as a dependent of federal income tax form for the:  
Tax Year 2018 \_\_\_\_ Yes \_\_\_\_ No
- Identify the location of both of your parents

Parent 1 \_\_\_\_\_  
 \_\_\_\_\_

Parent 2 \_\_\_\_\_  
 \_\_\_\_\_

- Describe the last time you had contact with your parent(s) – when, where and the nature of the contact.  
 \_\_\_\_\_  
 \_\_\_\_\_

- Describe how you have been self-supporting and the date when you began meeting your expenses without parental support and how have you provided for yourself? If you are not self-supporting, who supports you and include the amount and sources of your support.  
 \_\_\_\_\_  
 \_\_\_\_\_

- Give the dates and addresses of where you resided during the past two years and attach a copy of your current lease if applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_

- Provide three signed letters and/or court documents or other documentation, from responsible adults who are personally aware of your situation. At least two statements should be from pastors and/or public elected officials, school counselors, teachers, administrators, or attorneys, judges or you may provide other documentation. Letters should include the name, job title, address, phone number, signature, and relationship to you, if any, of the person(s) submitting the letter.

**Certify below: I attached statements from the following persons or other types of documentation:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- List the month and year you last received financial support from your parent(s)
  - Month \_\_\_\_\_ Year \_\_\_\_\_
- If you are covered under a medical plan, list the following information:
  - If not covered, list "not covered" here \_\_\_\_\_
  - Name of insurance company \_\_\_\_\_
  - Name of person/company providing coverage \_\_\_\_\_
  - Amount of your insurance premiums \_\_\_\_\_
- List your current home address and phone number:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - Phone Number \_\_\_\_\_
- List the number of months in the 2018-2019 school year that you will live at this address \_\_\_\_\_
- List the name(s) of anyone who will share housing expenses with you in the 2018-2019 school year and the amount they will provide.

\_\_\_\_\_

\_\_\_\_\_

- List the name of the registered owner of your automobile \_\_\_\_\_
  - If you are the registered owner, provide the following:
    - Year, make and model \_\_\_\_\_
    - Purchase date \_\_\_\_\_
    - Total balance owed \_\_\_\_\_
    - Monthly auto payment \_\_\_\_\_
    - Name/Relationship of person paying auto payment \_\_\_\_\_
- \_\_\_\_\_

**Sign this Certification Statement**

**All of the information on this request to reevaluate dependency status is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this request, I may be subject to a \$50,000 fine, a prison sentence, or both.**

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

\_\_\_\_\_  
*Today's Date*

**FOR OFFICE USE ONLY:**

**Admission Applications Attached**

**Approved**

**Denied**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_