



2023-24 Petition to Apply for Financial Aid as an Independent Applicant

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 you can answer "YES" to one of the following questions:

- Were you born before January 1, 2000?
- As of today, are you married?
- At the beginning of the 2023–24 school year, will you be working on a master's or doctorate program (such as an M.A., MBA, M.D., J.D., Ph.D., Ed.D., graduate certificate, etc.)?
- 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 now have or will you have children who will receive more than half of their support from you between July 1, 2023, and June 30, 2024 [during the award year]?
- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you now and through June 30, 2024?
- At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
 - If you are not sure if you were in foster care, [check with your state child welfare agency](#).
- 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, 2022, 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, 2022, 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, 2022, 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.***

Unusual circumstances do include an abusive family environment or abandonment by parents and 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.

Next you should answer each of the following items.

- Did you file Federal Income tax return:
 - For 2021 ____ Yes ____ No (if yes, please provide the Financial Aid office a signed copy)
 - For 2022 ____ Yes ____ No (if yes, please provide the Financial Aid office a signed copy)
- Did your parents claim you as a dependent for Federal income tax purposes for the:
 - Tax Year 2021 ____ Yes ____ No
 - Tax Year 2022 ____ Yes ____ No
 - Will your parents claim you as a dependent for the:
Tax Year 2023 ____ Yes ____ No
- Identify the location of both of your parents and describe the last time you had contact with your parent(s)

Parent 1 _____

Parent 2 _____

- List the month and year you last received financial support from your parent(s)
 - Month _____ Year _____
- Describe how you have been self-supporting. When did you start meeting your expenses without parental support and how have you provided for yourself?

- **Please provide a written and signed statement explaining in detail the reason you should be considered as an independent student (*this may be provided on a separate document if needed*).**

- Please **provide three additional 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, attorneys, judges and/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
(Give names, address, job title and relationship to you)

1. _____
2. _____
3. _____

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

- List your current home address and phone number:

- Address _____
City _____ State _____ Zip _____
- Phone Number _____
- List the number of months in the 2023-2024 school year that you will live at this address _____

- List the name(s) of anyone who will share housing expenses with you in the 2023-2024 school 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 person's insurance premiums _____

- 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



Office Use Only – Approved _____ Denied _____

Professional Judgment Additional Comments:

Student Aid Director Signature _____ Date _____