

# Methodist University Request for Independent Status

*Please Print*

**Student's Full Name:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

**Contact phone#:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

In most cases your financial aid eligibility must be determined using your biological/adoptive parents' income and asset information. However, if your family circumstances are such that you are unable to live with and be supported by your biological/adoptive parents because of the **involuntary** dissolution of the family **due to abuse, death, imprisonment, abandonment, or if your parents are physically or mentally incapacitated**, your dependency status may be re-evaluated. The U.S. Department of Education requires documentation to be submitted to the Office of Financial Aid in order for the Director of Financial Aid to determine if the circumstances warrant a dependency override. The Director's decision is final. Dependency overrides are done on a case-by-case basis. **Even if you were eligible for an override in a previous academic year or at a previously-attended institution, you may not qualify for an override in the future, unless the Director agrees that you are self-supporting because of an involuntary separation, listed above, from your biological/adoptive parents.**

**You must also provide any court documentation, police records, written statements from yourself and two people who can explain why your circumstances warrant an exception and how you have been supporting yourself for the last year.** The written statements can be from an uninterested 3<sup>rd</sup> party, an adult relative, an adult you have lived with during the past year, a pastor or a counselor. The statements must include his/her relationship to you and what he/she has witnessed with regards to your situation. It must be signed by that individual, and a phone number must be included as to where he/she can be reached for further questions. If you have lived alone, you must also provide documentation such as tax returns, lease agreement, and/or utility statements, etc., to demonstrate your ability to support yourself. Once all required documentation is submitted, it will be your responsibility to contact the Office of Financial Aid regarding the decision. Please allow 2 weeks.

**The following conditions, singly or in combination, do NOT merit a dependency override:**

- 1) Parents' refusal to contribute to your education;
- 2) Parents' unwillingness to provide information on the FAFSA or verification;
- 3) Parents do not claim you as a dependent for income tax purposes;
- 4) You (student) demonstrate total self-sufficiency.

***Student Request for Independent Status:***

I am unable to live with or be supported by my biological/adoptive parents. I would like to be considered for independent status for the \_\_\_\_\_ academic year for reasons/documentation that is attached with this letter.

***Student Certification:*** I certify that all information submitted on and with this form is accurate. I have attached the appropriate supporting documents that might help in determining what my dependency status should be as required by the U.S. Department of Education. I understand that the Director of Financial Aid may deny this request.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**