



2018-19 Dependency Appeal Request

Student Last Name: _____ First: _____

UA Student ID #: _____

Under federal guidelines, most traditional-age undergraduate students are automatically considered dependent upon their parents. However, a student may have extenuating circumstances that warrant special consideration for independent status.

Extenuating circumstances include, but are not limited to, estrangement, abuse, abandonment, or other irreconcilable differences that are properly documented.

Extenuating circumstances **do not include any of the following situations:** self-sufficiency, parent(s) refusal to complete the FAFSA or provide required documents, student's refusal to request information from parent(s), student is not claimed as an exemption by parent(s) for federal income tax purposes, or parent(s) refusal or inability to provide financial support for college expenses.

Section A: Letters of Explanation/Support. This form must be accompanied by the following:

First-time request at the University of Akron:

- A signed and detailed letter from you, the student, explaining the extenuating circumstance, including your relationship with both biological/adoptive parents.
- A separate letter from an independent third party source (ie. counselor, medical authority, clergy, court, government agency) who can attest first-hand to the extenuating circumstances. This letter must be signed and detailed with as much information about the situation as possible.

Request for renewal for previously approved dependency appeal at the University of Akron:

- A new, signed statement indicating your relationship status with your biological/adoptive parents.

Section B: Financial Documentation. ALL documentation is required before your request can be reviewed.

- Your 2016 Federal Tax Return Transcript or successful use of the IRS Data Retrieval Tool (See www.uakron.edu/finaid/taxinfo for guidance)
- Your 2016 W2(s)
- Copy of your last pay stub showing YTD earnings
- If you did not work/are not working, provide a statement about how you are supported (expenses such as phone, medical, car, etc.) and by whom those expenses are paid. Include a statement that you did not/were not required to file a tax return in 2016.

Section C: Other people. Are you providing/will you provide more than 50% of the support for anyone else from 7/1/18 - 6/30/19?

- No. Yes. Indicate name(s), age(s), and relationship(s) to you: _____

Section D: Certification:

I certify that all of the information reported is complete and accurate. **Warning:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. Electronic signatures will not be accepted.

Student signature: _____ Date: _____

When all required documents have been gathered, you may submit your information by: a) mail to the address below; b) fax to 330-972-7139; or c) deliver to the Office of Student Financial Aid, 2nd Floor, Simmons Hall. **Please note:** Your request may not result in an increase of your financial aid eligibility. You will be notified of the result of your request via email sent to your official UA email address. **Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information.**