

Dependency

Mid-America Christian University

Override

Professional Judgment



2020-2021

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

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

You should complete this form if you are considered a dependent student for federal financial aid and believe you have extenuating circumstances which should allow you to be considered an independent student. The Department of Education and MACU Financial Aid Office do not consider the following to be extenuating cases:

- Not being claimed as a dependent on your parent's current year tax return
- Not residing at the parental residence
- Parent's unwillingness to complete parental sections of the FAFSA

**If you feel your extraordinary circumstances warrant a change to your dependency status, please complete the following steps for consideration.**

### **STEP 1: FAFSA and Verification**

1. Complete the 2020-2021 FAFSA application at [fafsa.ed.gov](https://fafsa.ed.gov)
2. Complete the Standard Independent Verification Form at <http://www.macu.edu/financial-aid/financial-aid-forms.html>
3. Attached with your verification form, include a copy of your 2018 Tax Return Transcript or complete the Low-Income Worksheet if you are a Non-Tax Filer

### **STEP 2: Personal Statement**

**Attach a personal statement which includes the following:**

1. The nature of your relationship with both your mother AND your father
2. The location of both parents AND when you last had contact with them
3. Why you cannot obtain information and/or support from your parents
4. Who you have been supported by (if not parents) and for how long

### **STEP 3: 3<sup>rd</sup> Party/Professional Statement**

**Attach at least 2 letters from 3<sup>rd</sup> party adult individuals who personally have knowledge of your situation and who can verify your circumstances. Please note:**

1. At least 1 letter (on letterhead) must be from a guidance counselor, physician, social worker, licensed therapist, clergy person or church administrator, or other individual who has been involved in your circumstances in a professional capacity.
2. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved, or have first-hand personal knowledge of your situation.
3. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. They must include their telephone number and address where the individual can be reached for follow up questions.

### **Step 4: Residence information**

Where did you live in 2019-2020?  on campus  off campus  with parents

Where will you live in 2020-2021?  on campus  off campus  with parents

### **STEP 5: EXPENSES (part 1)**

Did your parent(s) claim you as an exemption on their 2018 federal tax return?  Yes  No

Will/did your parent(s) claim you as a dependent on their 2019 federal tax return?  Yes  No

Did your parent(s) provide your health insurance in 2019-2020?  Yes  No

Will your parent(s) provide your health insurance in 2020-2021?  Yes  No

Did your parent(s) provide your auto insurance in 2019-2020?  Yes  No

Will your parent(s) provide your auto insurance in 2020-2021?  Yes  No

### **STEP 6: EXPENSES (part 2)**

**Indicate who pays for each expense listed in the chart below:**

<b>Expense</b>	<b>Resource (who paid for the expense)</b>
Rent	
Utilities	
Telephone/Cellular	
Food	
Transportation (car payment & insurance)	
Medical (health insurance)	

**STEP 7: STUDENT CERTIFICATION**

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Return the completed form with the required documentation to the Financial Aid Office.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

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**RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT MACU**

Email: [financialaid@macu.edu](mailto:financialaid@macu.edu)

Fax: 405-692-3204

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ **Approved**    \_\_\_\_\_ **Denied**

**Reviewed By:** \_\_\_\_\_

\_\_\_\_\_ **Old EFC**    \_\_\_\_\_ **New EFC**

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

**Rationale:**