MCLENNAN COMMUNITY COLLEGE

Dependency Change Request Form

Many students consider themselves self-supporting because they do not receive financial support from their parents and/or do not live in their parent’s home. A student may even qualify as “self-supporting” for income tax purposes, but the U.S. Department of Education uses stricter rules for financial aid purposes. The Free Application for Federal Student Aid (FAFSA) requires applicants to include parental information unless one or more of the following criteria is met:

1. Age 24 by January 1 of the financial aid award year
2. Veteran of the U.S. Armed Forces
3. Enrolled in Masters/Doctorate program
4. Married prior to signing and filing the FAFSA
5. Orphan or ward of the court
6. Support legal dependents other than a spouse

If you do not meet one of these six criteria, you must complete the FAFSA as a dependent student and include parental information. If your parents are divorced and your custodial parent has remarried, your stepparent’s information must be included as well.

At McLennan Community College, the only exceptions to the dependency rules are those rare instances where it can be proven that there has been a “total breakdown” in the student-parent relationship. Examples of “total breakdown” include parental abandonment, or the removal of the student from the home due to an abusive environment. If you believe that you have experienced a total break in the relationship with your parents, you must complete and submit all forms in this packet to the Office of Financial Aid.

This packet contains three “reference” forms that must be completed by three adults such as human services agency personnel, school counselors, clergy members, etc., who are familiar with your situation. These should come from individuals with a “professional” association with the student. REFERENCES FROM FAMILY OR FRIENDS WILL NOT BE ACCEPTED.

This packet can be returned to Highland Central in person or you may mail or fax it to:

McLennan Community College
Office of Financial Aid
1400 College Drive
Waco, Texas 76708
Fax: (254) 299-6215

Students who submit all of the required items will be notified by mail or e-mail when a decision regarding dependency status is reached. Incomplete requests will not be processed.

CAUTION: Completing the FAFSA incorrectly can seriously delay the processing of your application. If you have questions regarding your dependency status, contact the Office of Financial Aid.
Student Name (please print): _____________________________________________________________________

Social Security/ID Number: _________________________ Date of Birth: _________________________________

I. RESIDENCE INFORMATION*

Current Address: _______________________________ Telephone Number: ______________________________

How long at the above address? From: ______ /_______ To: ______ / _______
Month       Year                  Month        Year

If less than two years at current address, give prior addresses and time periods.

Address: _____________________________ Address: _____________________________

_____________________________ _____________________________
_____________________________ _____________________________

From: ______ /_____ To:  _____ / _____ From: ______/_____ To: _____ /_____
Month       Year             Month      Year                              Month     Year             Month     Year

Do you live with a roommate? __ Yes ___ No If yes, provide name of roommate: __________________________

*Please submit a copy of current lease/housing agreement.

II. EMPLOYMENT HISTORY**

Current Employer: ________________________________ Address: ______________________________________

Telephone Number: _______________________________ Telephone Number: ______________________________________

Pay rate/hour: $________________                  Employment Dates: ______ /_____ To:  ______ /_____
Month      Year                Month       Year

Average number of hours/week: ________________    Average earnings/week: $ ____________________________

If employed less than 2 years with current employer, indicate previous employer.

Employer: ___________________________________ Address: _________________________________________

Telephone Number: ___________________________ Telephone Number: _________________________________________

From: ______/_____ To: ______/_____   Average hours/week: ________   Average earnings/week: _____________
Month     Year            Month     Year

**Please attach a letter on company letterhead from current employer indicating status, average hours/week, and rate of pay, average earnings/week, and length of employment.
III. TAX INFORMATION***

Are you married by common law?  □ Yes □ No
Did you or will you file a 2017 federal IRS tax return?  □ Yes □ No

Did you file a federal IRS tax return in either of the past two years?
   2017  1040/1040A/1040EZ/1040T Form  □ Yes □ No
   2018  1040/1040A/1040EZ/1040T Form  □ Yes □ No

If you did not file a 2017 federal IRS tax return, explain how you supported yourself during 2017.

______________________________________________________________

***Please attach a signed copy of your 2017 & 2018 federal IRS tax returns. If married by common law, tax returns of spouse must be included.

IV. PARENT INFORMATION****

What is your parents' current marital status?  □ Single □ Married □ Separated □ Divorced □ Widowed □ Remarried (Step Parent)

What is the parents' state of legal residence?  ____________________________________________

Mother's Name: ___________________________  Address: ___________________________________
Telephone Number: ________________________  ___________________________________________

Father's Name: ___________________________  Address: ___________________________________
Telephone Number: ________________________  ___________________________________________

Step-Mother's Name: ______________________   Address: _________________________________
Telephone Number: ________________________  ___________________________________________

Step-Father's Name: _______________________  Address: _________________________________
Telephone Number: ________________________  ___________________________________________

Did you live with your parent(s) during the 2017 calendar year?  ___ Yes ___ No

If you have not lived with your parent(s) in the past calendar year, indicate the last month/year you lived with your parent(s):
___ / ______
Month Year

Do you receive financial support/resources/gifts from your parent(s)?  ___ Yes ___ No

What is the approximate amount of value of support received during the past calendar year?
$ ____________________

****Please attach a signed copy of your parents' 2017 and 2018 federal IRS tax returns. If your parents are divorced/separated, attach a signed copy from each parent.
V. STUDENT'S INCOME AND RESOURCES

INCOME

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>Estimated 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income earned from work</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Other income source</td>
<td>$_________</td>
<td>$______________</td>
</tr>
</tbody>
</table>

OTHER RESOURCES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>Estimated 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount provided by parent</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Amount provided by other family member</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Amount provided by other person</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>TANF</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Cash gifts</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Other</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Veteran's Benefits</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Social Security</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>SNAP</td>
<td>$_________</td>
<td>$______________</td>
</tr>
</tbody>
</table>

TOTAL ANNUAL INCOME & RESOURCES $_________ $______________

FINANCIAL AID PREVIOUSLY RECEIVED

<table>
<thead>
<tr>
<th></th>
<th>2017/2018</th>
<th>2018/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarships/gift assistance</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Financial aid grants</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>Financial aid loans</td>
<td>$_________</td>
<td>$______________</td>
</tr>
<tr>
<td>College work-study</td>
<td>$_________</td>
<td>$______________</td>
</tr>
</tbody>
</table>

If you have other resources that contribute to your ability to be self-supporting, please indicate these resources in a statement here.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

VI. STUDENT EXPENSES

Please complete the following with your annual calendar year expenses and your estimated expenses (if any amounts are zero, please explain):

<table>
<thead>
<tr>
<th>EDUCATION EXPENSES</th>
<th>2018-19</th>
<th>Estimated 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books and Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2018 Address: ____________________________________________
2019 Address: ____________________________________________

Is residence owned by a relative? _____Yes _____No Relationship__________________________________________
<table>
<thead>
<tr>
<th>STUDENT EXPENSES</th>
<th>2018</th>
<th>Estimated 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation: Car payments,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>insurance, gas and maintenance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child or Dependent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal (clothing, entertainment,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### VII. THIRD PARTY STATEMENTS:

Please attach three supporting reference statements from three adults, such as human service agency personnel members, school counselors, clergy members, etc., who are familiar with your situation. **These should come from individuals with a “professional” association with the student.** The statement must include their address, telephone number, and relationship to student. Please use the attached reference forms for this purpose.

I authorize the McLennan Community College Office of Financial Aid to discuss my situation with the individual(s) submitting any supporting statement(s).

### VIII. CERTIFICATION:

I certify that all of the information on this form, and attached herewith, is true and correct to the best of my knowledge. I agree to provide documentation of all information requested. I understand that if I do not provide documentation, the processing of this change of status request will terminate. I realize that completion of this form does not indicate confirmation of "independent" status.

Student’s Signature: _______________________________ Date:____________________
Please summarize below your reason(s) for requesting a Dependency Change:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

My signature below certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the penalty for providing false or misleading information is a $10,000 fine, a prison sentence, or both.

_________________________________        ________________________         ______________________
Student’s Signature                Social Security Number            Date
DEPENDENCY CHANGE –REFERENCE #1
2019-2020

Applicant’s Name ________________________________________________________________

Applicant’s Address _____________________________________________________________
Street                                               City                             State                  Zip Code

1. How long have you known the applicant? ____________________________________________

2. Are you related to the applicant? ______ Yes/No If yes, what is your relationship to the applicant? __________________

3. With whom does the applicant reside? _____________________________________________

4. To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years?
   2017 ______ Yes ______ No    If yes, who? _________________________________________
   2018 ______ Yes ______ No    If yes, who? _________________________________________

5. Please explain briefly what you know to be the applicant's situation. Please be specific as the parent's unwillingness to assist the student is not grounds for a dependency change. If you should need more space to explain, please attach a letter or use the back of this form.
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference __________________________________________ Date ______________________

Street Address/ P.O. Box ____________________________________________________________

City/State/Zip Code _______________________________________________________________

Official Title or Relationship to Applicant ____________________________________________

Telephone (________) ________________       Best time to be reached __________________________

Signature __________________________________________

Please return completed form to: Office of Financial Aid
McLennan Community College
1400 College Drive
Waco, TX  76708
DEPEN DENCY CHANGE – REFERENCE #2
2019-2020

Applicant’s Name__________________________________________________________
Applicant’s Address _______________________________________________________

1. How long have you known the applicant? ___________________________________

2. Are you related to the applicant? ______ If yes, what is your relationship to the applicant? _________________

3. With whom does the applicant reside? _____________________________________

4. To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years?
   2017 ______ Yes ______ No    If yes, who? _____________________________________________
   2018 ______ Yes ______ No    If yes, who? _____________________________________________

5. Please explain briefly what you know to be the applicant’s situation. Please be specific as the parent’s unwillingness to assist the student is not grounds for a dependency change. If you should need more space to explain, please attach a letter or use the back of this form.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference __________________________________________ Date ________________
Street Address/ P.O. Box ___________________________________________________________________
City/State/Zip Code _______________________________________________________________________

Official Title or Relationship to Applicant _____________________________________________
Telephone ( ) ______________ Best time to be reached ________________________________

Signature ________________________________________________________________

Please return completed form to: Office of Financial Aid
McLennan Community College
1400 College Drive
Waco, TX  76708
Applicant’s Name ______________________________________________________________________________

Applicant’s Address ____________________________________________________________________________

1. How long have you known the applicant? _________________________________________________________

2. Are you related to the applicant? ______ If yes, what is your relationship to the applicant? ___________________

3. With whom does the applicant reside? ____________________________________________________________

4. To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years?
   2017 ______ Yes ______ No   If yes, who? ___________________________________________________
   2018 ______ Yes ______ No   If yes, who? ___________________________________________________

5. Please explain briefly what you know to be the applicant's situation. Please be specific as the parent's un-
   willingness to assist the student is not grounds for a dependency change. If you should need more space to explain, please
   attach a letter or use the back of this form.
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be
contacted if further information is needed.

Name of Reference ___________________________________________ Date _____________________________

Street Address/ P.O. Box _______________________________________________________________________

City/State/Zip Code ___________________________________________________________________________

Official Title or Relationship to Applicant __________________________________________________________

Telephone (        ) ________________               Best time to be reached __________________________

Signature __________________________________________

Please return completed form to: Office of Financial Aid
McLennan Community College
1400 College Drive
Waco, TX  76708