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 <u>not</u> 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.

MCLENNAN COMMUNITY COLLEGE

DEPENDENCY CHANGE REQUEST FORM 2020-2021

Student Name (please print):	
ID Number:	Date of Birth:
I. <u>RESIDENCE INFORMATION</u> *	
Current Address:	Telephone Number:
How long at the above address? From: / Month Year If less than two years at current address, give prior addre	
Address:	Address:
From: / To: / Month Year To: / Do you live with a roommate? Yes No If yes, pro	From:/ To:/ Month Year Month Year
*Please submit a copy of current lease/housing agree II. <u>EMPLOYMENT HISTORY</u> **	ement.
Current Employer: Telephone Number:	Address:
Pay rate/hour: \$ Employm	ent Dates: / To: / Month Year Month Year
Average number of hours/week: A	verage earnings/week: \$
If employed less than 2 years with current employer, indic	cate previous employer.
Employer: A Telephone Number: A	ddress:
From:/ To:/ Average hours/	/week: Average earnings/week:

**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 2018 federal IRS tax return? • Yes • No

Did you file a federal IRS tax return in either of the past two years? 2018 1040/1040A/1040EZ/1040T Form • Yes • No 2019 1040/1040A/1040EZ/1040T Form • Yes • No

If you did **not** file a 2018 federal IRS tax return, explain how you supported yourself during 2018.

***Please attach a signed copy of your 2018 & 2019 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? • Si • W	ngle • Marrie idowed • Rema			Divorced		
What is the parents' state of legal residence? Mother's Name:						
Telephone Number:						
Father's Name: Telephone Number:						
Step-Mother's Name: Telephone Number:						
Step-Father's Name: Telephone Number:						
Did you live with your parent(s) during the 2018 cal	endar year? _	Yes	_ No			
If you have not lived with your parent(s) in the parent Month /	st calendar yea	ar, indicate	the last mor	ıth/year you l	ived with your	[·] parent(s):
Do you receive financial support/resources/gifts fro	m your parent(s)?Ye	sNo			
What is the approximate amount of value of suppor \$	t received durii	ng the past	calendar yea	ar?		

****Please attach a signed copy of your parents' 2018 and 2019 federal IRS tax returns. If your parents are divorced/separated, attach a signed copy from each parent.

V. STUDENT'S INCOME AND RESOURCES

INCOME	<u>2019</u>	Estimated 2020
Income earned from work	\$	\$
Miscellaneous income	\$	\$
Other income source	\$	\$
OTHER RESOURCES		
Amount provided by parent	\$	\$
Amount provided by other family member	\$	\$
Amount provided by other person	\$	\$
TANF	\$	\$
Cash gifts	\$	\$
Other	\$	\$
Veteran's Benefits	\$	\$
Social Security	\$	\$
SNAP	\$	\$
TOTAL ANNUAL INCOME & RESOURCES	\$	\$
FINANCIAL AID PREVIOUSLY RECEIVED	2018/2019	<u>2019/2020</u>
Scholarships/gift assistance	\$	\$
Financial aid grants	\$	\$
Financial aid loans	\$	\$
College work-study	\$	\$

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):

EDUCATION EXPENSES	2019-20	Estimated 2020
Tuition and Fees		
Books and Supplies		
Food		
Housing		
TOTAL:	\$	\$

2019 Address:			
2020 Address:			
Is residence owned by a relative?	_Yes	_No	Relationship

STUDENT EXPENSES	2019	Estimated 2020
Transportation: Car payments,		
insurance, gas and maintenance)		
Utilities		
Child or Dependent Care		
Personal (clothing, entertainment, etc.)		
Other expenses		
TOTAL:	\$	\$

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. <u>These should come from individuals with a</u> "<u>professional" association with the student</u>. 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: _____

SUMMARY OF STUDENT'S SPECIAL CIRCUMSTANCE FOR DEPENDENCY CHANGE 2020-2021

Please summarize below your reason(s) for requesting a Dependency Change:

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

ID Number

Date

DEPENDENCY CHANGE –REFERENCE #1 2020-2021

Applicant's Name	<u>-</u>		
Applicant's Address			
Street Ci 1. How long have you known the applicant?	ty State	Zip Code	
2. Are you related to the applicant? If yes, what is your related to the applicant? If yes, what is your related to the applicant?	onship to the applicant? _		
3. With whom does the applicant reside?			
4. To your knowledge, has anyone claimed the applicant as an incor	ne tax exemption for the f	ollowing years?	
2018 Yes No If yes, who? 2019 Yes No If yes, who?			
5. Please explain briefly what you know to be the applicant's situatio willingness to assist the student is not grounds for a dependency character or use the back of this form.		•	ase
I certify that all the information on this form is true and complete to the contacted if further information is needed.	ne best of my knowledge.	I also understand that I m	iay be
Name of Reference	Date		
Street Address/ P.O. Box			
City/State/Zip Code			
Official Title or Relationship to Applicant			
Telephone () Best time to be read	hed		
Signature	_		
Please return completed form to: Office of Financial Aid McLennan Community College 1400 College Drive Waco, TX 76708			

DEPENDENCY CHANGE –REFERENCE #2 2020-2021

Applicant's Name						
Applicant's Address						
1. How long have you	Stree known the applic		City	State	Zip Code	
2. Are you related to	the applicant?	If yes, what	is your relationship to	the applicant?		
3. With whom does the		s/No ?				
4. To your knowledge	e, has anyone clai	med the applican	t as an income tax exe	emption for the foll	owing years?	
2018 2019	Yes No Yes No	If yes, who? If yes, who?				
	he student is not g	grounds for a dep	ant's situation. Please endency change. If yo			ı, please
I certify that all the int contacted if further in			omplete to the best of	my knowledge. I a	also understand tha	t I may be
Name of Reference _				Date		
Street Address/ P.O.	Box					
City/State/Zip Code _						
Telephone ()		Best tim	e to be reached			
Signature						
Please return comp	Mc 140	ice of Financial A Lennan Commur 00 College Drive aco, TX 76708				

DEPENDENCY CHANGE –REFERENCE #3 2020-2021

Applicant's Name	
Applicant's Address	
Street City State 1. How long have you known the applicant?	Zip Code
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	J years?
2018 Yes No If yes, who? 2019 Yes No If yes, who?	
5. Please explain briefly what you know to be the applicant's situation. Please be specific as the pare willingness to assist the student is not grounds for a dependency change. If you should need more spattach 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 u contacted if further information is needed.	Inderstand that I may be
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	

Please save your document before clicking on Submit. After clicking on Submit, you will be able to attach additional documents.