

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.

MCLENNAN COMMUNITY COLLEGE

DEPENDENCY CHANGE REQUEST FORM 2020-2021

Student Name (please print): _____

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: _____ / _____
Month Year Month Year

From: _____ / _____ To: _____ / _____
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: _____

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: _____

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.***

V. STUDENT'S INCOME AND RESOURCES

<u>INCOME</u>	<u>2019</u>	<u>Estimated 2020</u>
Income earned from work	\$ _____	\$ _____
Miscellaneous income	\$ _____	\$ _____
Other income source	\$ _____	\$ _____
<u>OTHER RESOURCES</u>		
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	\$ _____	\$ _____

<u>FINANCIAL AID PREVIOUSLY RECEIVED</u>	<u>2018/2019</u>	<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. **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: _____

DEPENDENCY CHANGE –REFERENCE #1
2020-2021

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? _____ If yes, what is your relationship to the applicant? _____
Yes/No

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?

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 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

DEPENDENCY CHANGE –REFERENCE #2
2020-2021

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? _____ If yes, what is your relationship to the applicant? _____

Yes/No

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?

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 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
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