

Appeal for Dependency Status Change Policy and Instructions

Under Federal financial aid regulation, undergraduate students under the age of 24 are automatically considered dependents of their parent(s). Thus their aid eligibility is determined using parental financial information. However, you may have unusual and exceptional family circumstances that warrant special consideration for independent status. Your circumstances must show a compelling reason to be considered independent. If after reading the information below, you believe your circumstances warrant a review for a dependency status, please follow the instructions below to submit a dependency appeal

What makes a student independent?

Consider the following factors before making a decision to appeal your dependency status:

Allowable dependency appeal circumstances include:

- Physical or emotional abuse;
- Abandonment;
- Irreconcilable differences within the family;
- Parental mental incapacity;
- Parental incarceration;
- Severe estrangement from parent(s).

The following situations are **NOT** considered reasons for a dependency appeal:

- Student is financially self-sufficient;
- Parent(s) no longer claiming the student on their tax return;
- Parent(s) refusal or inability to pay for the student's education;
- Parent(s) refuse to provide information on the FAFSA application or for verification;
- Student reluctant to request income information from parent(s) or does not wish to communicate with parent(s).

Appeal Instructions

For your appeal to be considered please provide the following information:

1. Complete the Free Application for Federal Student Aid (FAFSA) online at: fafsa.gov. Answer the dependency questions in Step 3 of the FAFSA and then indicate on three subsequent screens that there is a special circumstance preventing submission of parental information. Upon submission, the FAFSA will not calculate an expected family contribution (EFC). If the dependency appeal is approved, Financial Aid Services will make updates to the FAFSA which will allow the calculation of the EFC.
2. Complete, sign, and submit the Dependency Appeal Form.
3. Submit a signed, detailed, personal statement explaining the extenuating circumstances that you believe warrant a review, including the relationship with both natural parents, where they reside and when you last had contact with them.
4. Submit two (2) separate letters of reference (on professional letterhead when applicable) from independent sources who can attest first-hand to the extenuating circumstances. These letters must include details as to how the person knows you, how they have been involved and/or have first-hand knowledge of the situation. (These letters could be from a high school counselor, mental health professional, social worker, mentor, doctor, or clergy.)

Fax completed signed form to: 413-545-1700

or secure upload form at: umass.edu/financialaid/upload

(Attachments must be a standard image file, or in one of the following file formats: .doc, .docx, .pdf)

Appeal for Dependency Status Change

Name: (Last, First, MI) _____ UMass SPIRE ID: _____
Email: _____ Telephone Number: () _____

The Department of Education determines the criteria for whether a student is considered dependent or independent of their parent(s) for financial aid purposes. The basic underlying premise of student financial aid is that it is primarily the responsibility of the student and their family to pay educational costs. A dependency appeal occurs when a committee of financial aid administrators exercise professional judgment and override the Department of Education's eligibility criteria for dependency. To be considered for an appeal, please complete and submit this form and provide supporting documentation as outlined in the appeal instructions. During the review we may request additional information, ask for clarification and/or speak to your references. Please allow 30 days for appeal processing.

Residency Information: ✓ Check the appropriate box below.

Where are you living this academic year? ☐ On Campus ☐ Off-Campus ☐ With Parent(s)
Where did you live last academic year? ☐ On Campus ☐ Off-Campus ☐ With Parent(s)

Expenses: ✓ Check the appropriate box below.

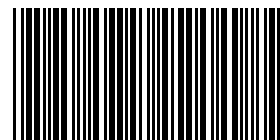
Who is currently providing your cell phone service? ☐ Self ☐ Parent(s) ☐ Other _____
Who is currently providing your health insurance? ☐ Self ☐ Parent(s) ☐ Other _____

By signing this form I certify the following:

- Any federal or state financial aid funds I may receive will only be used to pay for educational expenses related to my attendance at the University of Massachusetts Amherst.
- I understand if I purposely give false or misleading information, I may be fined, sentenced to prison or both.
- All the information reported and submitted on my behalf for the dependency appeal process is complete and correct.

Student Signature: _____ Date: _____

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