

Appeal for Dependency Status Change

Financial Aid Services
Academic Year 2025-2026
Fax: 413-545-1700
Phone: 413-545-0801
Email: finaid@umass.edu

Student Name: _____ UMass SPIRE ID: _____

The Department of Education determines the criteria for whether a student is considered dependent or independent of their FAFSA contributors for financial aid purposes. To be considered for an appeal, please complete and submit this form and supporting documentation as outlined. Please allow 30 days for the appeal processing once all documentation has been submitted.

If you believe you are eligible for a dependency status change, complete **Section 1 or Section 2**, sign the certification below, attach required documentation and submit to Financial Aid Services. Please meet with a Financial Aid counselor if you are unsure if your circumstances merit an appeal. Contact us at 413-545-0801. **Returning students, please confirm your continued status below.**

Section 1 - New dependency status change request

Your appeal will not be reviewed until the following are submitted and complete:

- ☐ 2025-2026 FAFSA submitted to UMass Amherst
- ☐ Personal statement briefly describing the circumstances for your dependency status change request
- ☐ At least one letter of reference from an independent source who can attest first-hand to your extenuating circumstances. This letter should include details as to how the person knows you, how they have been involved and/or have first-hand knowledge of the situation. The letter could be from a high school counselor, mental health professional, social worker, mentor, doctor, or clergy. The letter must be signed and on letterhead that includes the complete address and contact information of the provider. If you are unable to obtain a letter from an independent source, a detailed personal statement is acceptable when used in addition to meeting with a UMass Financial Aid counselor.

Please upload personal statement and letter of reference to umass.edu/financialaid/upload

Section 2 - Returning students who received a dependency status change in 2024-2025

Your appeal will not be reviewed until the following are submitted and complete:

- ☐ 2025-2026 FAFSA submitted to UMass Amherst
- ☐ I certify that my current circumstances remain unchanged from the determination made in 2024-2025 academic year.

For all dependency status change requests (new and returning), please complete the following:

☒ **Check the appropriate box below and answer all questions. If it does not apply write in zeros**

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)

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

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

As of today, what is the amount of cash, in your savings and checking accounts? \$ _____

If you have investments, what is the value of investments? \$ _____

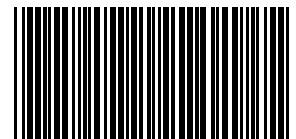
If you own a business or farm, what is the value of business or farm? \$ _____

Certification

By signing this form, you are certifying that all information being reported here and all supporting documentation submitted is complete and correct. If you purposely give false or misleading information on this form you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date: _____

Fax completed form to: 413-545-1700 or
Secure Document Upload at: umass.edu/financialaid/upload



FDONEW