Received by: \_\_\_\_\_



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# 2018-2019 Petition for Independent Status

	2010 2013 1 001	cion for macpe		
Stude	ent Name:	ID#:	Phone#:	
	PLEASE READ CAREFU	ILLY BEFORE COMPL	LETING THIS FORM	
not no (SAR) the re reaso	feel there are extenuating circumstances, which need to provide parental information when filling or and will be asking you for documentation to suppossponsibility for using their resources to pay part on nable to approve such a petition. None of the condency override:	night warrant you being ut the FAFSA. Your schoo ort your claim. By petition f your college costs. On	g considered independent of your par pol will receive an incomplete Student ioning, you are asking us to relieve you nly very extenuating circumstances wi	Aid Report ur parents of Ill make it
1	. Parents refuse to contribute to the student's		. Student demonstrates total self-su	fficiency;
_	education;		Parents live in another country	
2	<ul> <li>Parents (includes step-parents) are unwilling to provide information on the FAFSA or for verification;</li> </ul>	6.	<ul> <li>Students not living with their parer automatically qualify for a dependent</li> </ul>	
3	<ul> <li>Parents do not claim the student as a depende for income tax purposes;</li> </ul>	nt		
Exam	ples of Unusual circumstances can include:			
1	. An abusive family environment that threatens	the student's health or s	safety.	
2	. Abandonment by parents			
3	. Parents are incarcerated			
	2: Indicate whether you are requesting a dependency override.  NEW REQUEST FOR INDEPENDENT STATUS (is your first time submitting a dependency override).	CHECKLIST		
reque	st without all required documentation. Please no	ote that additional docur	mentation may be requested.	
	detailed letter from you explaining your extenuat	=	-	-
	upport your petition (police reports, court reports,	• • •	_	
	2. A detailed letter from a friend or relative that can attest and describe your extenuating circumstances. (Statement must			
	nclude a telephone number and signature of the inc	= ::	•	
	detailed letter from a professional such as doctor			
	ho can document the same (Must use official lette		the organization and include telepho	ne number
	nd signature of the individual writing the supporting	ng statement).		
4. D	vid you work on 2016?	/	u 106 (ff. )    11    21    1    11	
L	Yes, Attach a copy of the 2016 IRS Tax Return resources received in 2016 that are not report was used when FAFSA was completed.	ted on your tax return.	Tax return transcript can be waived in	f data retrieva
L	→ No, Attach a Letter of Non-Filing (must be from	n the IRS office) and cor	mplete the 18-19 Non-Tax Filer Form.	

5. Documentation of where you have lived since January 2016 (e.g., signed lease agreements, housing contract, statement from

person providing housing and relationship to you).



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### RENEWAL REQUEST FOR INDEPENDENT STATUS CHECKLIST

If you were granted a dependency override in 2017-2018, <u>you must submit all items listed below</u>. We will not process a request without all required documentation.

- 1. Submit an updated letter from you explaining your extenuating circumstances that makes you independent from your parents. (Statement must have student's signature).
- 2. A detailed letter from a friend or relative that can attest and describe your extenuating circumstances. (Statement must include a telephone number and signature of the individual writing the supporting statement).
- 3. Did you work on 2016?
  - Yes, Attach a copy of the 2016 IRS Tax Return Transcript (*must be from the IRS office*), all W-2's and all income or resources received in 2016 that are not reported on your tax return. Tax return transcript can be waived if data retrieval was used when FAFSA was completed.
- No, Attach a Letter of Non-Filing (*must be from the IRS office*) and complete 18/19 Non-Tax Filer Form.
- 4. Documentation of where you have lived since January 2016 (e.g., signed lease agreements, housing contract, statement from person providing housing and relationship to you).

### STEP 3: Complete the table below.

#### **MEANS OF SUPPORT FOR 2016**

Wages	\$			
Self-employment income	\$			
Worker's Compensation	\$			
Unemployment Benefits	\$			
Housing Section 8	\$			
Food Stamps	\$			
Military Benefits	\$			
Disability Benefits	\$			
Other Income:	\$			
Assistance from family members	\$			

## Signature

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information of	n this worksheet, you may be fined, sentenced to jail, or both.	
Student signature:	Date:	
For office use only:ApprovedDenied		
Comments:		
Financial Aid Officer:	Date:	