



**SECTION TWO: INCOME**

Please indicate the amount and the source of your annual income for 2020. (Example: wages, monetary gifts, interest income, etc.)

<u>Amount of Income</u>	<u>Source of Income</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

What was the most recent date you received support from and/or lived with your parents?

\_\_\_\_\_

Were you or will you be claimed as a tax exemption by **anyone other than yourself** in 2020?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

**SECTION THREE: REFERENCES**

Please submit the following **required** documentation with this form:

- **Statements from two different professional references stating why independent status should be granted to you. Reference forms are attached.** *Professional references include, but are not limited to teachers, school administrators, ministers/priests, lawyers, physicians, counselors, or other professional individuals who are familiar with your family situation and are able and willing to verify your circumstances upon request. References may not be family members or friends.*
  - **References should include their knowledge of your family circumstances and why they feel you should be considered an independent student for financial aid purposes.**
- Any other documentation that will help to support your request for independent status. **References may submit the reference form through the following methods:**

UNI Office of Financial Aid and Scholarships  
 Attention: Tim Bakula  
 105 Gilchrist Hall  
 Cedar Falls IA 50614-0024  
 Email: tim.bakula@uni.edu  
 Fax: 319-273-2320, attn.: Tim Bakula



**2021-2022 Student Dependency Status Determination Appeal**

**REFERENCE TWO**

Student's Name \_\_\_\_\_

What is your professional relationship to this student?

\_\_\_\_\_

Explain why you feel this student should be considered independent for financial aid purposes. You may attach documentation that you feel supports this appeal.

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I am familiar with the above named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries concerning the student's circumstances.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Telephone \_\_\_\_\_

Agency/Employer \_\_\_\_\_

**Please mail, email or fax this completed form directly to:**

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Cedar Falls, IA 50614-0024  
Fax: (319) 273-2320  
Email: tim.bakula@uni.edu