



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 2021?

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



2022-2023 Student Dependency Status Determination Appeal

REFERENCE ONE

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.

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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Attention: Tim Bakula
105 Gilchrist Hall
Cedar Falls, IA 50614-0024
Fax: (319) 273-2320
Email: tim.bakula@uni.edu



2022-2023 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.

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 _____

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