



Last Name _____ First Name _____ M.I. _____ Student Number _____

2023-24 Student Dependency Status Determination Form

A student who does not meet the federal criteria for independent status on the 2023-2024 Free Application for Federal Student Aid (FAFSA) may submit this form and supporting documentation for a determination of dependency status. The Higher Education Act allows a financial aid administrator to make dependency overrides on a case-by-case basis.

This form must be completed and appropriate documents must be attached prior to review by the Office of Financial Aid and Scholarships. You are encouraged to contact Tim Bakula (tim.bakula@uni.edu or 319-273-2722) in the Office of Financial Aid and Scholarships if you have questions regarding this form. Consideration of your circumstances will not automatically grant you independent status.

SECTION ONE: CONTACT INFORMATION & PERSONAL NARRATIVE

Telephone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Provide a detailed explanation regarding your inability to provide parental information on the FAFSA. Your explanation should include information regarding your family circumstances since you were age 16 (earlier if pertinent) and why your parents cannot complete the FAFSA and/or assist you with your educational expenses. ***Please attach additional sheets as needed to fully explain your circumstances.***

Policy 13.02 Notice: If your essay includes the disclosure of discrimination, harassment, sexual violence, sexual harassment, or other sexual misconduct, please be aware that your appeal will be shared with the University Title IX Officer so that appropriate resources may be offered to you. For more information, please refer to the [UNI Policy on Discrimination, Harassment and Sexual Misconduct \(PDF\)](#).



SECTION TWO: INCOME

Please indicate the amount and the source of your annual income for 2021. (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 2022?

No _____ Yes _____ If yes, by whom? _____

NOTE: The Department of Education provides guidance which indicates that "financial independence" and/or parents inability or unwillingness to complete the financial aid application process, is not reason enough to consider a student independent on the FAFSA. In general, dependency overrides are only approved if the student demonstrates circumstances such as abuse, neglect, parental imprisonment, or other situations that may place the student in danger if required to obtain parental information.

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



2023-24 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:
UNI Office of Financial Aid and Scholarships
Attention: Tim Bakula
105 Gilchrist Hall
Cedar Falls, IA 50614-0024
Fax: (319) 273-2320
Email: tim.bakula@uni.edu



2023-24 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 _____

Please mail, email or fax this completed form directly to:
UNI Office of Financial Aid and Scholarships
Attention: Tim Bakula
105 Gilchrist Hall
Cedar Falls, IA 50614-0024
Fax: (319) 273-2320
Email: tim.bakula@uni.edu