

Cisco College
2017-2018 Request for Dependency Change

Last Name	First Name	M.I.	
Social Security Number or Student ID		/ / Date of Birth	
Address (include apt no.)	City	State	Zip Code
() Student's Phone Number	Student's Email		

The 2017-2018 Free Application for Federal Student Aid (FAFSA) stipulates certain requirements that a student must meet to be considered an Independent student. If a student does not meet one of the criteria the student may request to be an independent student due to special circumstances. The student must submit documentation before the Financial Aid Director. Leaving questions blank or not supplying financial aid with the appropriate documents requested could delay or deny your request. You will be notified in writing of the final decision.

1. What is the main reason why you are applying for a dependency change?

2. What is the reason your parents cannot help with your education?

3. Did you live with either parent during the past calendar year in 2016? Yes No
If yes, what was the last day you lived with them? _____

4. Do you receive or have you received in the past year any financial support from your parents (money, gifts, payment of bills, etc.)? Yes No

If yes, indicate the amount for 2015 \$ _____

5. Did you file a 2015 IRS 1040 Income Tax form? Yes No
If no, why not? _____

6. Did your parents file a 2015 IRS 1040 Income Tax Form? Yes No

If YES, attach a copy of their Tax forms. If they did not file a Federal Tax form, see the financial aid administrator.

7. Will anyone besides yourself claim you as a dependent on their 2015 Federal Tax form? Yes No

If YES, what is their name and relationship to you?

Name _____ Relationship _____

8. Please list your current permanent address

Street _____ City _____ State/Zip _____

How long have you lived at this address? Years _____ Months _____
If less than one year, please provide previous address

Street _____ City _____ State/Zip _____

How long did you live at this address? Years _____ Months _____

9. Who owns the property you now live on? _____

How is this person related? Relative Friend Landlord Other _____

10. Whom do you live with when not in school? _____

Is this person a relative? Yes No

If yes, what is their relationship to you? _____

12. What are your parent's name and address?

13. What was your monthly rent or Mortgage payment in 2015? \$ _____

14. What was your monthly cost of utilities in 2015 \$ _____

15. What is your monthly rent or Mortgage payment in 2015? \$ _____

16. What is your monthly cost of utilities in 2015? \$ _____

17. What is your monthly cost for food in 2015? \$ _____

18. What is your monthly cost for vehicle maintenance and gas in 2015? _____

19. What is your monthly cost for car payments and insurance in 2015? _____

20. What is your current monthly cost for personal expenses (clothing, personal items, supplies, etc.)?

\$ _____

21. What is your current monthly cost for other expenses (loans, credit cards, etc.)?

\$ _____

22. What are your current monthly medical expenses? (include medical insurance)?

\$ _____

23. Do you have car insurance? Yes No

If yes, who pays the premium? _____

If yes, attach a copy of the insurance card.

24. Do you have health insurance? Yes No

If yes, attach a copy of the insurance card.

	Actual 2015 (Annually)	Estimated 2016
25. How much income did or will you earn from work?	\$ _____	\$ _____
26. How much other taxable income did or will you receive? (interest income, etc.)	\$ _____	\$ _____
27. How much did or will you receive in SS Benefits?	\$ _____	\$ _____
28. How much did or will you receive in unemployment?	\$ _____	\$ _____
29. How much did or will you receive in AFDC?	\$ _____	\$ _____
30. How much did or will you receive in untaxed income and benefits (child support, pension plans, etc.)	\$ _____	\$ _____

ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE FINANCIAL AID OFFICE

CERTIFICATION: I certify all the information of this form is true and complete to the best of my knowledge.

Student's Signature _____ Date: _____

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Cisco College on the basis of race, age, color, gender, marital status, religion, national origin, or disability.

Dear Student,

You requested a dependency over ride for the school term 2017-2018. The Department of Education states that if a student does not meet the standard criteria, s/he may apply for a Dependency Override.

The requirements require a minimum of three references from teachers, counselors, attorneys, pastors, family friends and/or the person with whom you currently reside.

The references must come from people who know the family situation and can provide detailed information about the parent(s)/child relationship. Please complete the enclosed forms and return to the Financial Aid office. If you have any questions please call 254-442-5153 or 325-794-4417.

Sincerely,

Linda Sellers
Director of Financial Aid
101 College Heights
Cisco TX 76437

2017-2018 DEPENDENCY CHANGE REQUEST – REFERENCE 1

Name of Applicant _____

SS# _____ Date of Birth _____

(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

How long have you know this applicant? _____

Are you related to the applicant? Yes _____ No _____ If so, how? _____

With whom does the applicant reside? _____

To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years?

2015 Yes _____ No _____ If yes, who? _____

2016 Yes _____ No _____ If yes, who? _____

Please explain briefly what you know to be the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Signature _____

Street Address _____

City/State/Zip _____

Official Title or Relationship to Applicant _____

Telephone () _____

Best time to be reached _____ Date _____

Please return form to:
Cisco College
Financial Aid Dept.
101 College Heights
Cisco, TX 76437

2017-2018 DEPENDENCY CHANGE REQUEST – REFERENCE 2

Name of Applicant _____

SS# _____ Date of Birth _____

(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

How long have you know this applicant? _____

Are you related to the applicant? Yes _____ No _____ If so, how? _____

With whom does the applicant reside? _____

To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years?

2015 Yes _____ No _____ If yes, who? _____

2016 Yes _____ No _____ If yes, who? _____

Please explain briefly what you know to be the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Signature _____

Street Address _____

City/State/Zip _____

Official Title or Relationship to Applicant _____

Telephone () _____

Best time to be reached _____ Date _____

Please return form to:
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Financial Aid Dept.
101 College Heights
Cisco, TX 76437

2017-2018 DEPENDENCY CHANGE REQUEST – REFERENCE 3

Name of Applicant _____

SS# _____ Date of Birth _____

(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

How long have you know this applicant? _____

Are you related to the applicant? Yes _____ No _____ If so, how? _____

With whom does the applicant reside? _____

To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years?

2015 Yes _____ No _____ If yes, who? _____

2016 Yes _____ No _____ If yes, who? _____

Please explain briefly what you know to be the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Signature _____

Street Address _____

City/State/Zip _____

Official Title or Relationship to Applicant _____

Telephone () _____

Best time to be reached _____ Date _____

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