25-26 Lamar Institute of Technology
DEPENDENCY CHANGE REQUEST

Action Taken: _____

Student Name: _____ **Student Identification #:** _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **(Please list a number where you may be reached.)**

*Have you requested a dependency override previously (Circle one)? Yes or No
        If you answer yes, please update your written statement and complete steps 3 through 6.
        If you answer no, please complete steps 1 through 6.

1. **A personal statement of situation explaining the reason for your request for dependency override.** The letter should provide as much detail as possible, describing your separation from your biological parents. You are required to include the following documentation.

    - The whereabouts of your biological parents and their current living arrangements. Include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
    - Why you cannot provide parental information on the Free Application for Federal Student Aid (FAFSA).
    - Your living arrangements over the past year(s); with whom you have lived with and who provided financial support for you.
    - Birth Certificate
    - Death Certificate (if one of your parents is deceased)

2. **Letters from two individuals who can attest to your situation.** Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents. **Letters should be notarized!**

    - The first letter should be from a professional individual not related to the student – counselor, social worker, teacher, police, etc. Please submit on letterhead.
    - The second letter should be from either a professional or non-professional who is very familiar with your situation.
    - Each letter must include the individual's name, title or position, address, phone number and must be signed.
    - The individuals cannot be related to each other and must reside at separate addresses. **MUST BE TYPED!**

3. **A completed and signed electronic FAFSA – leave parent section blank.**

4. **Federal Income Tax Return Information**

    - Import Tax Return Information into the student FAFSA using IRS Data Retrieval Tool without making changes to the imported information, or
    - Provide tax return or IRS Tax Transcript (request available at www.irs.gov) of the tax year used on the current FAFSA
    - All supporting W2's/1099's of the tax year used on the current FAFSA
    - For students who did not file a tax return, a verification of non-filing is required from the IRS. This can be obtained online, by making an appointment with the IRS by calling 844-545-5640 or by filing a 4506-T form with the IRS.

5. Please complete the following:

Did anyone claim you on their Federal Income Tax Return of the tax year used on the current FAFSA?

☐ No

☐ Yes   Person's Name: _____

                 Relationship to Student: _____

Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security Checks of the tax year used on the current FAFSA?

☐ No

☐ Yes   List the name(s) of the source, how much you received PER MONTH, and the Number of month's you received the benefit.

                 Source: _____ Amount: $_____

                 Number of Months Received: _____

Please note: If you used the appropriate tax information on your current FAFSA, do not complete the following chart, instead, submit a Federal Tax Transcript and the W2 Transcripts if you are unable to use the Data Retrieval Tool on the FAFSA.

6. Provide the following information (you may be asked to provide documentation) about your expenses PER MONTH. If any amounts are zero, explain the reason.

Expenses	Amount per month	Support Provided By:
Housing (rent, mortgage)		
Child Care		
Food		
Utilities		
Credit Card(s)		
Medical/Dental		
Clothing		
Auto (car payments, Insurance, and maintenance)		
Other Personal Expenses (Cable, Internet, Phone)		
Total Monthly Expenses		
Total Yearly Expenses		

Please allow 7-10 business days for your application to be reviewed.

*I certify that all the information listed on the form concerning my request for a dependency override is correct and complete. I understand that additional documentation may be requested after review of my request.

_____   _____

Student Signature   Date   Phone Number