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Request to Re-evaluate Dependency Status

	request to the evaluate Dependency Status
Printed Nam	ne: Student ID Number:
	States Congress has developed a definition for Independent students for Federal Aid purposes. of the Department of Education, an independent student is one who meets one of the following
 Is a v Is ma Will Is a v	least 24 years of age veteran of the U.S. Armed Service
provide the it to assist a st parents. This contact with notarized, do	of the above criteria, you will be evaluated as a <i>dependent student</i> and you must income and asset data of your parents. In extreme cases, the Office of Financial Aid may be able tudent who is dependent by definition, but who does not or cannot have contact with his/her is applies to such situations where the student's physical or emotional welfare is jeopardized by a the parents/guardians. In such cases, the student must complete this form and provide written, occumentation from a third party provider. Additional documentation may be requested if y the situation.
	T PROVIDE ALL INFORMATION LISTED BELOW (Items 1 - 7) TO BE RE- TED BY THE FINANCIAL AID OFFICE FOR INDEPENDENT STATUS.
1. V	What are your present living arrangements? How long has this arrangement taken place?
2. I	How do you support yourself and meet your living expenses?
3. V	When was the last time you lived with your parents?
4. V	When was the last time you had contact with your parents?

5. When did your parents last provide any form of support?

6		Please explain any unusual circumstances which clearly indicate that you should not be evaluated as a financial dependent of your parents or guardian. NOTE: Parents' unwillingness to pay for college is not sufficient. Also, not living with your parents is not sufficient cause for independent status. You must prove unusual circumstances such as abandonment or abusive situation.
Support	tin	g Documentation Must Be Attached
7		You must provide a signed and notarized statement from a third party service provider (pastor, counselor, social service, probation officer, etc.) that clearly documents the unusual circumstances listed above. If the statement is on professional letterhead, it doesn't have to be notarized. The statements must include contact information (address & phone number) so that the Financial Aid Office can follow up on the statement.
		I certify under penalty of perjury that the above information is true and correct.
		Signature of Student Date
		PLEASE RETURN THIS FORM AND ALL SUPPORTING DOCUMENTATION TO THE ICC FINANCIAL AID OFFICE. Please allow 2-3 weeks for processing to be completed. (Attach additional information as needed)
Fina	anc	ial Aid Office Use Only
Арр	oro	ved Disapproved
Con	nn	nents: