2017–2018 • Appeal of Dependency Status

HU Student ID# ____________________________________________________________

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<th>Print Student Last Name</th>
<th>Print Student First Name</th>
<th>Print Student M.I.</th>
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<th>Student Email Address</th>
<th>Student Primary Phone Number</th>
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Please follow the instructions below:

1. Use the APPEAL OF DEPENDENCY STATUS form to write your appeal, clearly stating the unusual circumstance(s) and/or condition(s) surrounding your situation. Your documentation must also explain your last living arrangements, and any known contacts with your parent(s).

2. It is critical to note here that your appeal for a dependency override, based on unusual circumstances, must also be supported, in writing, by correspondence from an independent third party (e.g. guidance counselor, community leader, social service agency, legal court documents, church official); not a relative.

3. Submit your completed appeal packet and all supporting documents as soon as possible. **Failure to submit a complete packet will result in a delay in processing.**

4. Allow five to seven business days for the processing of this appeal and receipt of the decision.

5. Please be aware that the decision rendered by the Financial Aid Office regarding your appeal is FINAL and is not subject to further appeal.

Federal Guidelines require that students meet one of the following conditions to be automatically Independent:

1. Born before January 1, 1994
2. As of today, are you married? (Also, answer “Yes” if you are separated but not divorced.)
3. Graduate or Professional Student;
4. Legal dependents other than a spouse, who live with you and who receive more than half of their support from you at the time you apply and through June 30, 2018.
5. Both of your parents are deceased, or you are a ward or dependent of the court (at any time since turning age 13);
6. Currently serving on active duty in the U.S. Armed Forces for purposes other than training;
7. Veteran of the U.S. Armed Forces;
8. Emancipated minor as determined by a court in your state of legal residence;
9. In legal guardianship as determined by a court in your state of legal residence;
10. On or after July 1, 2016 your high school district homeless liaison determined that you were an unaccompanied youth who was homeless;
11. On or after July 1, 2016, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless;
12. On or after July 1, 2016, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.
13. Have children who will receive more than half their support from you between July 1, 2017 and June 30, 2018.
Below, please describe the circumstances rendering filing of the Appeal of Dependency Status.

Please be sure to attach all necessary and required supporting documentation to support your claim.

(Attach additional pages if needed to continue your appeal)

Certification and Signatures

The person signing this worksheet certifies that all of the information reported on it is complete and correct.

______________________________  ____________________________
Student’s Signature               Date

WARNING: If you purposely give false or misleading information on this worksheet, any financial aid awarded may be cancelled and/or retracted.

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.