



2024-25 Appeal To Apply For Financial Aid As An Independent Student

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PLEASE READ THIS FORM CAREFULLY (Filing this form does not guarantee that your appeal will be approved.)

ONU ID # or SSN _____ Date of Birth _____ Phone _____

Student Name _____
Last First M.I.

Student Address _____
Street (include apartment #) City State ZIP Code

You are considered independent for financial aid purposes if you can answer “yes” to one of the dependency questions on the 2024-25 FAFSA (Free Application for Federal Student Aid) at the time you completed and signed the application. Many students feel they are independent because they currently live on their own or because their parents no longer claim them on their income tax return. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Office of Student Financial Services is required to consider parent information and expect a parental contribution for students who are dependent **unless exceptions are made. Exceptions are made only when adequate documentation of extenuating family circumstances exist.** Extenuating circumstances are generally defined by a student’s inability to have contact with their parents. Review the reasons for appeal below and check the one that describes your circumstance. **The Office of Student Financial Services will ask you for supporting documentation. If none of these circumstances apply to your situation, do not complete this form.**

A. REASONS FOR APPEAL

1. Severe circumstances within your family prevent you from obtaining your parents’ financial information.
Examples:
- a) an abusive home situation which is detrimental to your physical or mental well-being
 - b) abandonment by both parents
 - c) history of parental alcohol or drug abuse
 - d) incarceration of the custodial parent

Required documentation: Provide two or more of the following acceptable sources:

- **Signed statements from two adult professionals who are not family members which verify the family circumstances described in your personal statement.** Adult professionals include clergy, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department), and officers of the court. **Letters must be signed originals on an agency letterhead with the professional title (Counselor, Rabbi, etc.).**

2. Death of a parent and the surviving parent meets one of the conditions listed above.

Required documentation: Provide two or more sources from #1 above AND:

- A copy of your parent’s death certificate or newspaper obituary.
- If your last name is different from your parent’s, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstances which prove your relationship.

- 3. You are a non-citizen of the United States of America (who is otherwise eligible to receive Federal financial aid) and your parents currently reside in a foreign country. However, you are unable to communicate with your parents because of a long standing political policy or civil unrest in your parents’ country of residence.

Required documentation: Provide the following acceptable sources:

- Signed statements from the embassy or consulate of the country in which your parents live which clearly states that policies of that country or of the United States of America prevent mail and funds to be readily transferred between residents of the United States and their country.
- If an official government statement is not readily available, a similar statement from a refugee organization on their letterhead is acceptable.
- A notarized statement from your sponsors (if applicable) or a family member verifying the level and type of support you receive from family, friends, or sponsors.

- 4. You are divorced after being married for at least two years and maintained a residence apart from your former spouse’s parents and/or your parents during the time you were married. You now maintain a separate residence from your parents and pay all expenses from your own income and assets.

Required documentation: Provide all of the following acceptable sources:

- Complete copies of your marriage license(s), divorce decree(s), Federal tax return transcript and W-2 forms for the period in which you were married. (IRS Tax Return Transcripts are available to order for free online at www.irs.gov/Individuals/Get-Transcript, or you may call 1-800-908-9946 to request a copy to be mailed to you)
- Mortgage or rental agreement for the period in which you were married.
- A signed and notarized statement from both of your parents verifying amounts of financial support of any kind (other than reasonable gifts for birthdays and holidays) or the absence of such support after you married.

B. PERSONAL STATEMENT – REQUIRED

Attach a written personal statement (preferably typed) which completely and explicitly explains the basis of your appeal. Explain: (1) the nature of your relationship with both your biological parents and the events leading to the separation from them; (2) the location of both parents and when you last had contact with them; (3) why you cannot obtain information and/or support from your parents; and (4) how you have been supporting yourself. Make sure your statement is signed and dated. Attach acceptable sources of documentation which verify all the facts of your appeal. Acceptable sources of documentation are listed on the following page. Please note that your statement will be used only to determine if a dependency exception should be made and the information will be held in strictest confidence.

C. MONTHLY EXPENSE AND INCOME WORKSHEETS – Complete both worksheets

1. **Current Expenses** – Estimate your current monthly expenses below and how they are covered. Enter your estimate of monthly amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost yourself, enter “Self” in the third column.

Expense	Monthly Cost	Who Pays or Provides
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	

2. **Current Income** – Describe your average monthly income and identify the source(s) by name (examples: self-employed, name of employer, friend, etc.).

Type of Income	Monthly Income	Sources
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

D. ADDITIONAL INFORMATION – Answer all questions below

- In what year were you last claimed by your parent(s) as a dependent on a Federal Tax Return? Year _____
- When did you last live with your parent(s)? Month _____ Year _____
- When did you last receive financial support from your parent(s)? Month _____ Year _____
- Are you included as a dependent under your parents’ medical plan? Yes _____ No _____ If yes, give the name and address of the medical insurer.

- Do you own or have the use of an automobile while attending ONU? Yes _____ No _____ If yes, give the name and address of the registered owner.

If you are the registered owner, provide the following information.
Year, Make and Model

Purchase Date _____ Balance Owed \$ _____
Monthly Car Payment \$ _____
If anyone else is making your car payments, provide his/her name and relationship.

- Did you file a 2022 Federal Tax Return? Yes _____ No _____
If yes, attach a SIGNED copy of your 2022 IRS Tax Return (**OR** a copy of your 2022 IRS Tax Return Transcript) **AND** copies of your 2022 W-2 forms. (IRS Tax Return Transcripts are available by calling 1-800-908-9946 – Select option 2, transcript of your tax return, and 2022 for the tax year – the transcript will be mailed to the address listed on the tax return in 5-10 days.)

E. STUDENT CERTIFICATION – Read carefully before you sign.

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal and State student aid jeopardized.

Student Signature (Required)

Date

(Typed signatures will NOT be accepted.)

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. If we have reason to believe that the information on this form is not accurate, we may require additional documentation.