GENERAL INSTRUCTIONS

1. Read the entire packet to understand what you need to do.

2. Print and sign your name legibly and return your appeal with all required documentation to the address listed below.

3. Your appeal will be forwarded to a financial aid administrator for review. If additional documentation or information is required, you will be notified. Please provide a reliable telephone number. Otherwise, you will be contacted through your UT email or by regular mail.

4. When a decision has been made regarding your dependency status, you will be notified through your UT email or by regular mail. The Office of Student Financial Aid has full authority for rendering all decisions. Decisions are final and may not be appealed to the U.S. Department of Education.

5. Use the following checklist to ensure that your appeal is complete. **Do not submit your appeal until you have completed all steps and gathered all required documentation. If partial documentation is submitted, it will result in delays.**

   - Complete page 2 by outlining the unusual or mitigating circumstances that support why you should be considered an independent student. Please print.

   - Attach documentation supporting your appeal (refer to the POSSIBLE SITUATIONS AND REQUIRED DOCUMENTATION section on page 4).


   - Attach a copy of each 2014 W-2 you received for earnings.

   - Attach documentation of any other income you received in 2014.


   - If you have not already filed a 2015-2016 Free Application for Federal Student Aid (FAFSA), attach a completed and signed paper 2015-2016 FAFSA, available at [http://www.utoledo.edu/financialaid/forms.html](http://www.utoledo.edu/financialaid/forms.html).

6. Return your completed and **signed** 2015-16 Dependency Appeal and all required supporting documentation together in a packet to:

   The University of Toledo
   Office of Student Financial Aid
   2801 W. Bancroft Street, Mail Stop 314
   Toledo, OH 43606-3390
Print all information you provide in this appeal. If your appeal cannot be read, it will be returned to you as an incomplete document which will result in the delayed processing of your financial aid.

Student Rocket Number: R________________________ E-mail:________________________

Last Name:____________________________________ First Name:____________________

Home Phone:__________________________________ Cell Phone:____________________

Street Address:______________________________ City:__________________________

State:________________________________________ Zip Code:______________________

Provide a detailed statement explaining why you feel you are independent. You may use additional pages if necessary.

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Certification Statement: I certify that all of the information and documentation provided for my dependency appeal is complete and correct. I understand that I must attach the required supporting documentation indicated in order to be considered for independent student status, and that additional documentation may be requested by the Office of Student Financial Aid before a final determination is made. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature________________________________________ Date__________________
Do you need to appeal?

The criteria used to determine a student’s dependency status for federal financial aid purposes are established by the U.S. Congress and the U.S. Department of Education. If you can answer “yes” to any one of the following questions and provide supporting documentation, you will be considered an independent student and you will not need to file a dependency appeal. You may apply for financial aid using FAFSA on the Web at www.fafsa.ed.gov.

- Were you born before January 1, 1992?
- As of today, are you married? (Also answer “yes” if you are separated but not divorced.)
- At the beginning of the 2015-16 school year, will you be working on a master’s or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)?
- Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
- Are you a veteran of the U.S. Armed Forces?
- Do you have or will you have children who will receive more than half of their support from you between July 1, 2015 and June 30, 2016?
- Do you have dependents (other than your children or spouse) who live with you and who will receive more than half of their support from you, now and through June 30, 2016?
- At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a ward/dependent of the court?
- As determined by a court in your state of legal residence, are you or were you an emancipated minor?
- As determined by a court in your state of legal residence, are you or were you in a legal guardianship?
- At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- At any time on or after July 1, 2014, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

If you do not meet any one of the above conditions, but still feel there are circumstances that warrant you being considered independent of your parents, you must provide the appropriate supporting documentation required for your situation. Refer to the chart on page 4 to clarify what is necessary for your appeal. This chart offers the most common situations presented for consideration in a dependency appeal; however, it is not comprehensive.

If you have questions regarding your specific circumstances, please contact Rocket Solution Central (RSC) at 419.530.8700.
Possible Situations and Required Documentation

<table>
<thead>
<tr>
<th>Situation</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your parents have abandoned you and you have been under the care of another adult or have been supporting yourself since that abandonment.</td>
<td>A letter from your high school guidance counselor and a letter from one other professional source.</td>
</tr>
<tr>
<td>You and your parents have severed all contact due to circumstances that would constitute endangerment (physical or psychological) to you.</td>
<td>Court documentation or police report(s) and a letter from a counselor or other professional source who is personally familiar with your situation (familiar with not only you, but with your parents as well).</td>
</tr>
<tr>
<td>Your parent (in a single parent family) or both of your parents (in a two parent family) are incarcerated.</td>
<td>Current proof of incarceration.</td>
</tr>
<tr>
<td>Your supporting parent is deceased and you have no contact with your surviving parent.</td>
<td>A copy of your parent’s death certificate and a letter or document from one other professional source.</td>
</tr>
</tbody>
</table>

It is your responsibility to identify the parties who may be able to help you provide proof of your situation. The following are suggestions for sources that you may go to for documentation to support your dependency appeal.

**Letters from parents, friends, or roommates are not acceptable.**

- Minister
- Doctor
- Attorney
- Counselor/therapist
- Relative (not a parent)
- Teacher/professor
- University administrator
- Caseworker

Any letter submitted as documentation from the above listed professionals should be on letterhead stationery, if appropriate, and should include:

1. Your name
2. The nature of the writer’s relationship to you and the length of time they have known you
3. The reason(s) why you cannot provide your parents’ information on the FAFSA
4. The writer’s name, signature, address, and telephone number

**Please note:**

Upon receipt of your documentation it may be necessary to request additional information to clarify or supplement documentation already submitted. You will be notified if additional information is needed.