COMPLETE WITH BLACK INK ONLY.



## 2025-26 DEPENDENCY APPEAL

Complete this form if you do not meet the criteria for independent student status or you have a Provisional Independent Status on the 2025-26 Free Application for Federal Student Aid (FAFSA), and you wish to present documentation to support a review of your dependency status. The chart below outlines the types of situations that may be considered, as well as suggested documentation to support each situation. Once your Dependency Appeal and all supporting documentation has been received, please allow up to 5 business days for your appeal to be processed.

## **Possible Situations and Suggested Documentation**

Situation	Suggested Documentation
ABANDONMENT: Your parents have abandoned you, you have no contact with your parents, and you have been under the care of another adult or have been supporting yourself since that abandonment.	<ul> <li>A letter from your high school guidance counselor and</li> <li>A letter (on agency letterhead) from a counselor/therapist or other professional source who is personally familiar with your situation.</li> </ul>
ENDANGERMENT: You and your parents have severed all contact due to circumstances that would constitute endangerment (physical or psychological) to you.	Court documentation or police report(s) and     A letter (on agency letterhead) from a counselor/therapist or other professional source who is personally familiar with your situation.
INCARCERATION: Your parent (in a single parent family) is incarcerated and you have no contact with your other parent, or both of your parents (in a two parent family) are incarcerated.	Current proof of incarceration and     A letter (on agency letterhead) from a counselor/therapist or other professional source who is personally familiar with your situation.
DEATH OF PARENT: Your supporting parent is deceased and you have no contact with your surviving parent.	<ul> <li>A copy of your parent's death certificate and</li> <li>A letter (on agency letterhead) from a counselor/therapist or other professional source who is personally familiar with your situation.</li> </ul>
VICTIM OF HUMAN TRAFFICKING: You have been certified to be a victim of a severe form of trafficking by the Office of Refugee Resettlement (ORR) or the U.S. Department of Health and Human Services (HHS).	Unexpired, original certification letter (submitted in person to the Office of Student Financial Aid or Rocket Solution Central).
REFUGEE or ASYLEE: You have been granted refugee or asylee status by U.S. Citizenship and Immigration Services (USCIS) and are separated from your parents, or your parents are displaced in a foreign country.	Unexpired, original entry status documentation that identifies your current or prior status as a refugee or asylee (submitted in person to the Office of Student Financial Aid or Rocket Solution Central).

It is your responsibility to identify the parties who may be able to help you document your situation. Suggested sources are listed below. Your source(s) must be personally familiar with your family situation.

Minister

Attorney

- Teacher/professor
- Caseworker

Doctor

- Counselor/therapist
- University administrator
- Relative (not a parent)

## Letters from parents are not acceptable.

Any letter submitted as documentation from a professional source should be on agency letterhead, 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 by email if additional information is needed.

DEPAP2 20241030



## 2025-26 DEPENDENCY APPEAL

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Please print all information.

Student Rocket Number: R	Rocket E-mail:
ast Name:	First Name:
Home Phone:	Cell Phone:
Street Address:	City:
State:	_ Zip Code:
REQUIRED STEPS:	
1. File a 2025-26 FAFSA at studentaid.gov. If you are unabl	rovide parent information, you will indicate this on the FAFSA.
	and your parent(s), <u>including why you cannot provide parent information and a</u> ten statement on a separate page, that statement must include your statement.
	ly Size Worksheet, available at utoledo.edu/financialaid/forms/.
	TURE AND DATE ARE REQUIRED BELOW.
Certification Statement: I certify that all of the information and docur nust attach supporting documentation in order to be considered for in	tion provided for my dependency appeal is complete and correct. I understand that I ndent student status, and that additional documentation may be requested by the Office you purposely give false or misleading information on this worksheet, you may be fined,
Situdent Signature (using full legal name)  Date	TO RETURN THIS FORM:
For office use only  ☐ Approved ☐ Denied	Upload to: <i>myUT.utoledo.edu</i> "My Financial Aid" "Financial Aid Documentation Upload"
OSFA Signature Date	Mail to: The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314 Toledo, OH 43606-3390
How was the student contacted regarding the result of this appeal	In person: Rocket Solution Central 1200 Rocket Hall
☐ Student Notified by Rocket email (Retain a copy for OSFA)	Fax to: 419.530.5835
☐ Student was notified in person on:	Questions? Please contact Rocket Solution Central
☐ Student was notified by phone call on:	(RSC) at 419.530.8700.