



2024-2025 Dependency Review Affirmation (MEDPRE-#27)

Student Name: _____

Social Security# _____

Student ID: _____

Phone Number: _____

Email: _____

Financial aid regulations assume that the family has primary responsibility for meeting the educational cost of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. If you are using this form, we should have a Dependency Petition for a previous year and you must document that your circumstances have not changed since. Please describe the continuation of your exceptional circumstances and be ready to provide full documentation.

On a separate piece of paper, in paragraph format, please answer all of the following questions:

(PLEASE CHECK EACH SUBMITTED)

- ☐ Please include the full names and the last time you lived with and/or had contact with each of your parents, when, where, and the nature of the contact. Include information on both parent 1 and parent 2 regardless of marital status or gender.
- ☐ Explain why you cannot obtain parental information, what circumstances have changed, or not changed.
- ☐ Describe how you have been self-supporting; **a)** when did you start meeting your expenses without parental support and **b)** how have you provided for yourself?

IN ADDITION, PLEASE PROVIDE THE FOLLOWING: *(PLEASE CHECK EACH SUBMITTED)*

- ☐ Attach documentation such as; Verification Worksheet for Independent Students (**required**),
- ☐ 2022 IRS Tax Transcript (**required if filed**) & W-2's (**required if employed**) etc.

I certify that the information provided in this petition is true and correct:

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form. I certify that any IRS Tax Transcripts that I have provided are true copies of the documents as filed with the IRS. I realized that giving false or misleading information may result in a \$20,000 dollar fine, a prison sentence or both.

Signature _____

Date: _____

Office Use only: _____ Review Approved

_____ Review Denied

FAO Signature: _____

Date: _____

* Adults who witnessed your circumstances first hand and can fully explain your situation.