2017-2018 Dependency Appeal

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Student Financial Aid Office
HAGERSTOWN
COMMUNITY
COLLEGE

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Nam	e:				HCC ID:
	Last I	Name	First Name	MI	
finand	cial reso	urces when evaluating y	ents to help pay for education your financial need. If you we annot list their income and p	re most rece	
CHE	CK ON	E RESPONSE TO EA	CH QUESTION BELOW:		
Yes	No				
		Were you born before	Jan. 1, 1994?		
		Are you currently servi	ng on active duty in the U.S.	armed force	es for purposes other than
		training?			
		Are you married? (Ans	wer "Yes" if you are separate	ed but not di	vorced.)
		Are you a veteran of the	ne U.S. armed forces?		
		Do you have children	who receive over half of their	support from	m you?
		Do you have other dep	endents who receive over h	alf of their su	upport from you?
		Are your parents dece	ased?		
		At any time after turning	ig 13 years old, were you a v	vard or depe	endent of the court?
		At any time after turning	ig 13 years old, were you in f	oster care?	
		Are you an emancipate	ed minor? (requires legal cou	ırt documen	ts)
		Are you in legal guardi	anship with someone other t	han your pa	rents?
f voi	Lanew	orod voe to any of the	a above questions you ma	v bo roquir	od to submit logal documents

If you answered <u>yes</u> to any of the above questions you may be required to submit legal documents to verify your answer. You do not need to complete this form. You are independent for financial aid purposes and will not need to include parent's information when completing the FAFSA.

If you answered <u>no</u> to all of the above questions and one of the following applies to you then you may want to complete this form.

- A guardian has cared for you because your parents were unable to provide proper care, but your guardian was never declared a "legal guardian" by the court.
- Abandonment by both parents
- Your parents were physically or emotionally abusive toward you or your siblings.
- Your parents have substance abuse or other serious mental health problems AND do not support you or your siblings.

IMPORTANT NOTE: HCC's Student Financial Aid Office cannot make students independent simply because their parents can't afford to help. The standard financial need formula already evaluates each family's financial resources and determines the family's ability to contribute toward the student's educational expenses. If the financial resources are low enough, the student will show high financial need. We also can't make students independent simply because their parents stop claiming them as tax exemptions or choose not to help pay for college.

Yes	No	Did your parents refuse to complete the FAFSA?						
		IF you answered yes above, will your parents sign the statement below?						
I refuse to complete the income information on my child's Free Application for Federal Student Aid (FAFSA), and I do not provide housing, food or insurance for my son/daughter. I further certify that I do not and will not provide any financial support to my son/daughter. I understand that by refusing to supply this information, I am limiting his/her eligibility for Federal Student Aid to student loan funds. He/She will be ineligible for all free grant assistance : Federal Pell Grants, SEOG: Supplemental Education Opportunity Grants, State Grants, etc. Month and Year support ended or student's age when support ended (year)								
Parent'	s Sigr	nature Date	ı					
If your parent refuses to sign this statement, if possible provide supporting documentation verifying their refusal to complete the FAFSA. (Example: copy of an e-mail, etc.)								
If your parents signed the above statement, do not fill out the rest of the form. Complete and sign the form on the last page and submit to HCC Financial Aid Office.								

Dependency Appeal Process

- Complete the FAFSA application for 2017/2018 at https://fafsa.ed.gov.
- The following documentation is needed to determine your dependency status:
 - 1. Complete this Appeal,
 - 2. 2017-2018 Verification Worksheet
 - 3. 2017-2018 Student/Spouse Income Form
 - 4. Typed statement explaining why you no longer live with your parents and explanation of extenuating circumstances that you believe warrant review of your dependency. Be sure to include your relationship with **both** of your parents (including contact frequency), and why you cannot obtain information and/or support from your parents.
 - 5. Unrelated third party statement of verification (see explanation on the last page of this form).

Incomplete appeals will not be considered and will be returned

Your current address	s: Street: _				-						
City / State:											
What is your state of	legal resider	ncy?			-						
Your parent's current address: Street:											
City / State:											
What is your parent's state of legal residency?											
Write the names of <u>EVERYONE</u> living in your household:											
Full Name	Age	Relationship to you	Is this person your dependent? (Receives more than 50% of his/her support from you)								
		SELF			1						
			yes	no	_						
			yes	no	-						
			yes	no	-						
			yes yes	no no	-						
CHECK YES OR NO TO THE QUESTIONS BELOW: Yes No In the last twelve months did your parents pay your rent? In the last twelve months did your parents pay your car insurance? In the last twelve months did your parents provide health insurance for you? In the last twelve months have your parents purchased your groceries? In the last twelve months have your parents paid your utility bills? Do you feel you pay all of you living expenses? Did either of your parents claim you on their taxes? You MUST attach:											
)18 Verificati	on Worksheet									
2. 2017-2018 Student/Spouse Income Form											
 Typed statement explaining why you no longer live with your parents and explanation of extenuating circumstances that you believe warrant review of your dependency. Be sure to include your relationship with both of your parents (including contact frequency), and why you cannot obtain information and/or support from your parents. Unrelated (not a relative) third party statement of verification on business or agency letterhead. (See next page for help) 											
By signing this appeal form, I certify that all the information provided is complete and correct.											
Student Signature: Date:											
470DED40											

Who qualifies as an unrelated third party? Who can write the statement of verification?

- A high school or local school district homeless liaison,
- A high school principal, guidance counselor, teacher, coach, school nurse, etc.,
- A medical professional, psychologist, psychiatrist, nurse, etc.,
- A therapist, social services case worker, pastor, etc.,
- The director of an emergency shelter program funded by the U.S. Department of Housing or Urban Development or
- The director of a runaway or homeless youth center or transitional living program.

What should this person write? What should be included in a "statement of verification"?

- That depends on your special circumstances. This person is basically verifying that you do not live with your parents and you do not receive support from your parents. Make sure that the statement is printed on business or agency letterhead.
- They are also explaining why you no longer live with your parents. They are documenting:
 - You were abused by your parents,
 - o That your parents are alcoholics or use drugs and do not support you,
 - Your parents abandoned you and you do not know where they live or
 - o The severe circumstances that caused you to no longer live with your parents.