

# 2020-2021 Dependency Appeal



Student Financial Aid Office  
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Hagerstown, MD 21742

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

Name: \_\_\_\_\_ HCC ID: \_\_\_\_\_  
Last Name First Name MI

FAFSA regulations never require parents to help pay for education, but they often insist on considering their financial resources when evaluating your financial need. If you were most recently supported by legal guardians, relatives, or friends, you **cannot** list their income and personal information on your FAFSA.

## CHECK ONE RESPONSE TO EACH QUESTION BELOW:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were you born before Jan. 1, 1997?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently serving on active duty in the U.S. armed forces for purposes other than training? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you married? (Answer "Yes" if you are separated but not divorced.)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a veteran of the U.S. armed forces?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have children who receive over half of their support from you?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have other dependents who receive over half of their support from you?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your parents deceased?  |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time after turning 13 years old, were you a ward or dependent of the court?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time after turning 13 years old, were you in foster care?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an emancipated minor? (requires legal court documents)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in legal guardianship with someone other than your parents?                                 |

**If you answered yes 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 no 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

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 2020-2021 at <https://studentaid.gov/>.

The following documentation is needed to determine your dependency status:

Complete & Sign this Appeal Form.

2020-2021 Verification Worksheet

2020-2021 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 explanation on the last page of this form*).

**Your current address:** Street: \_\_\_\_\_

City / State: \_\_\_\_\_

What is your state of legal residency? \_\_\_\_\_

**Your parent's current address:** Street: \_\_\_\_\_

City / State: \_\_\_\_\_

What is your parent's state of legal residency? \_\_\_\_\_

**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?

**By signing this appeal form, I certify that all the information provided is complete and correct.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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,
  - 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
  - The severe circumstances that caused you to no longer live with your parents.