REQUEST FOR DEPENDENCY STATUS CHANGE

Award Year 2026-2027

ATTENTION!!! Information on this application will be collected and used to determine if you qualify for a change in status. This request must be accompanied with documentation as noted on this form. This request is only valid for the Fall 2026, Spring 2027 and Summer 2027 semesters.

Demographic Information: (Please Print Clearly)

Student ID:_____ **SSN:**_____ **Date of Birth:** _____

Applicant's Name: _____
Last First MI

Permanent Mailing Address:

_____
(Cannot be on-campus) Street, Apt. #, PO Box City State Zip

Phone #:_____ **Alternate Phone #:** _____

The U.S. Department of Education in accordance with the Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with **unusual circumstances**. The following conditions on their own or in combination **do not** qualify as unusual circumstances:

1. Parents refuse to contribute to student's education;
2. Parents are unwilling to provide information on the application or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

You must answer the following questions:

1. Do you communicate with your parent or parents? □ Yes □ No
2. Do you live with a parent or relative? □ Yes □ No
3. Do you know where your parents live? □ Yes □ No
4. Did you file a 2024 Federal Tax Return? □ Yes □ No
5. Will someone else claim you as a tax exemption on their 2024 Federal Tax Return? □ Yes □ No
   If yes, what is the name and relationship to you? _____
6. Have you been a victim of domestic violence? □ Yes □ No

Required Documentation:

1. On a separate sheet, you must provide a written description of your relationship with your parents, where and whom you live with, where your parents reside, and a description of domestic violence if you answered Yes to Question 6.
2. You must provide written documentation from three third party sources who are familiar with your unusual circumstance, i.e. Clergy, Landlord, Doctor, High School or College Counselor, etc. Only one reference may be from a relative.
3. If you filed a 2024 Federal Tax Return, you must attach it with your application.
4. Attach copies of your utility bills, insurance payments, or any other documents that may support your status change request.

All of the information on this form is true and complete to the best of my knowledge. I understand that incomplete or inaccurate information could cause a delay in processing my application. I understand that knowingly giving false information could be considered fraud. Furthermore, I understand that the decision made by the Office of Financial Aid is final and there are no appeals.

Signature:_____ **Date:** _____

Western Texas College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment policies.

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Financial Aid Office Written Determination:

FAO Signature: _____

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