

REQUEST FOR INDEPENDENT STATUS

Instructions:

Submit this *Request for Independent Status* along with the requested documentation (tax returns if filed) to the Financial Support Office for review.

Information

If your family situation involves a circumstance such as those described below, you may appeal your dependency status.

Before our office will consider any changes regarding dependency status, you must complete the appropriate sections of this form and provide supporting documentation. This office may request additional information for consideration of your review.

Dependency Override Warrants

Warrant/May Warrant	Does Not Warrant
<ul style="list-style-type: none"> • Documented abandonment 	<ul style="list-style-type: none"> • Parents refuse to provide information on the FAFSA or verification form
<ul style="list-style-type: none"> • Student is homeless or at risk of homelessness 	<ul style="list-style-type: none"> • Parents do not claim student as a dependent for income tax purposes
<ul style="list-style-type: none"> • Student is in foster care 	<ul style="list-style-type: none"> • Parents unwilling or unable to contribute to student's education
<ul style="list-style-type: none"> • Student is declared a Ward of the Court 	<ul style="list-style-type: none"> • Student demonstrates self-sufficiency
	<ul style="list-style-type: none"> • Student reluctant to request income information from parent.(s)
	<ul style="list-style-type: none"> • Student does not wish to communicate with parents.

REQUEST FOR INDEPENDENT STATUS

Karsh Office of Undergraduate Financial Support
2127 Campus Drive Annex, Box 90397, Durham, NC 27708
Phone: (919) 684-6225 Email: finaid@duke.edu

Office Use Only

Student Name: _____ Student ID (if known): _____

Other Last Name's Used: _____ Date of Birth: _____

Mailing Address: _____

 City State Zip Code

SSN#: _____ Phone #: (____) _____ Email Address _____

Describe your current circumstances that you feel warrant consideration of your dependency status.

I am requesting a review of my independent status because:

Are you any of the following:

- Orphan/Ward of the Court/In Foster Care
- Homeless/at risk of homelessness
- At risk of homelessness

Student Income and Expense

What income did you have to provide for yourself?	Annual Total
Earned Income Wages:	\$ _____
Savings, investments, trusts:	\$ _____
Other Assets:	\$ _____
Support from Others:	\$ _____
Other (Explain):	\$ _____
TOTAL INCOME:	\$ _____

Attach a copy of your most recent federal income tax form: Attached Was not required to file

Did you have contact with your parents during the past 12 months?

Parent 1: Yes No Parent's Address: _____

Parent 2: Yes No Parent's Address: _____

If yes, what was the nature of the contact? _____

Do you live full-time with someone other than your parent? Yes, the Relationship: _____ No

Who provides the majority of your financial support? _____

Do you anticipate having contact with either parent during this academic year? Yes, which Parent? _____ No

Did you receive financial support from parents during 2015? Parent1: Yes \$ _____ No / Parent2: Yes \$ _____ No

I hereby certify that the above information contained in statements are true and complete.

Student Signature: _____ Date: _____

Two (2) Affidavits In Lieu of Parent's Information are required from a third party who have known the student a minimum of three years, if possible (e.g., other adult relatives, clergy, teachers, counselors, or social workers who will verify your situation).

Affidavit in Lieu of Parent's Information

Student ID# _____

Student First Name: _____

Student Last Name: _____

Third Party Declarant's Information

Name: _____

Relationship to student: _____

Address: _____

Email: _____

Phone: _____

Are you the student's legal guardian? Yes No*

*Please attach court documents to verify guardianship or explanation as to why there are no court documents.

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

Would you rate the students' relations with parent(s) as estranged Yes No

Have you provided support to this student: Yes No

How long have you known the student? _____

Please describe your knowledge of the student's family history and relationship with parent(s) that make the students circumstances unusual:

Signature: _____ Date: _____

This form contains personally identifiable information. It is important to safeguard your information. **Submit this form by emailing finaid@duke.edu, by fax to 919-660-9811, or mail through the U.S. Postal Service The Karsh Office of Undergraduate Financial Support, Box 90397, Durham, NC 27708.** Make a copy of this form for your records.

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Affidavit in Lieu of Parent's Information

Student ID# _____

Student First Name: _____

Student Last Name: _____

Third Party Declarant's Information

Name: _____

Relationship to student: _____

Address: _____

Email: _____

Phone: _____

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