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

<table>
<thead>
<tr>
<th>Warrant/May Warrant</th>
<th>Does Not Warrant</th>
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<tbody>
<tr>
<td>• Documented abandonment</td>
<td>• Parents refuse to provide information on the FAFSA or verification form</td>
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<tr>
<td>• Student is homeless or at risk of homelessness</td>
<td>• Parents do not claim student as a dependent for income tax purposes</td>
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<tr>
<td>• Student is in foster care</td>
<td>• Parents unwilling or unable to contribute to student’s education</td>
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<tr>
<td>• Student is declared a Ward of the Court</td>
<td>• Student demonstrates self-sufficiency</td>
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<td></td>
<td>• Student reluctant to request income information from parent(s)</td>
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<td></td>
<td>• Student does not wish to communicate with parents.</td>
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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

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 student 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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