



The University of Texas Permian Basin

Office of Student Financial Aid 2020-2021

REQUEST FOR DEPENDENCY STATUS CHANGE

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 documents as noted on this form. This request is only valid for Fall 2020, Spring 2021, and Summer 2021 semesters. **Consideration will only be given to a processed FAFSA in which the student answered "NO" to all dependency questions, and selected "I am unable to provide parental information."**

DEMOGRAPHIC INFORMATION (Please Print Clearly)

UTPB ID _____ Date of Birth: ____/____/____ Today's Date: _____

Applicant's Name: _____
Last First M.I.

Permanent Mailing Address: _____
Cannot be on-campus Street, Apt. #, P.O. Box City State Zip

Phone #: ____/____/____ Alternate Phone #: ____/____/____

A Dependency Status Change requires a student to document unusual circumstances that make it inappropriate to expect a parental contribution for the student. The following conditions on their own or in combination **do not** qualify as unusual circumstances:

1. Parents refusing to contribute to the student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents not claiming the student as a dependent for income tax purposes;
4. Students demonstrating 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. 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 parent(s)—where and who you live with, where your parents reside, and a description of domestic violence if you answered Yes to question 4.
2. In addition to the written description above you must provide written documentation from two third party sources who are familiar with your unusual circumstances. (i.e. Clergy, Landlord, Doctor, High School or College Counselor, etc.). Relatives are not acceptable.

Acknowledgement:

By signing this form I acknowledge that the information is true and accurate to the best of my knowledge. I understand that the decision by the OSFA is final and there are no appeals.

Student Signature: _____ Date: _____

For Financial Aid Use Only

Action Taken: Approved Denied Date: _____ FAO Signature: _____
FAO Written Determination: _____
