



Dependency Appeal / Provisionally Independent Form

Name

Student's ID Number

Section 1: Basis for Appeal Request

Dependency Override Request

This appeal is appropriate only for those applications whose adverse family situation was caused by unusual circumstances beyond the applicant's control, such as parental abuse or abandonment.

Provisionally Independent due to being Unaccompanied/Homeless

For students who are unaccompanied and homeless, or at risk of becoming homeless.

Please complete the sections below **ONLY** for your chosen appeal type.

Section 2: Dependency Override & Provisionally Independent

Complete and Submit the FAFSA

If you have not done so already, complete and submit the FAFSA online at www.studentaid.gov. We cannot move forward with your request without a FAFSA on record.

Personal Statement

Attach a typed, signed, and dated explanation of your unusual circumstances.

- For dependency override requests, this statement must include a complete history detailing your relationship with BOTH of your biological and or legally adoptive parents; specific dates of the events that caused your separation from your parents; where you have lived since separating from your parents; and how you have supported yourself while living apart from your parents.
- For unaccompanied/homeless students, this statement must include an account of your current situation, timeline and events leading up to your current situation, challenges and impact, and efforts made to secure housing.

Section 3: Dependency Override Request

READ FIRST:

Per the US Department of Education, the following reasons **DO NOT** merit a dependency override:

- Parents refusing to contribute to the student's education
- Parents unwilling to provide information on the FAFSA or for verification
- Parents not claiming the student as a dependent for income tax purposes
- Student demonstrating total self-sufficiency

If you still believe your situation warrants a review, please provide the following information.

Professional Third-party Statement

Provide at least one statement from a third-party reference who can verify the unusual family circumstances you have described. **The third-party reference cannot be a family member.** Third-party references can include a high school counselor, teacher, clergy member, counselor, social worker, physician, child and family service agencies or law enforcement officers.

The professional letter(s) provided must be on official letterhead. Police reports may in some cases substitute for the statement.

Section 3: Dependency Override Request (Cont.)

Residence Information

Please check the appropriate boxes below:

Where did you live in 2024-2025? Select one: With Parent(s) Without Parent(s)

Where did you live in 2025-2026? Select one: With Parent(s) Without Parent(s)

Expenses

For each item listed below, check the appropriate box.

Did your parent(s) claim you as a dependent on their 2023 federal tax return? Yes No

Will/did your parent(s) claim you as a dependent on their 2024 federal tax return? Yes No

Did your parent(s) provide your health insurance in 2024-2025? Yes No

Will your parent(s) provide your health insurance in 2025-2026? Yes No

Did your parent(s) provide your auto insurance in 2024-2025? Yes No

Will your parent(s) provide your auto insurance in 2025-2026? Yes No

Please indicate who pays for each expense listed in the chart below:

Expenses	Resource (who pays for the expense)
Rent	
Utilities	
Phone	
Food	
Transportation (car payment, insurance, etc)	
Medical (health insurance, medical bills)	

Additional Documentation

All documents are required

- Copy of your current lease or rental agreement or a signed statement from your current landlord verifying tenancy
- Copy of your 2023 Federal tax return or non-filer statement
- Copy of your 2024 Federal tax return or non-filer statement

Section 4: Provisionally Independent due to being Unaccompanied/Homeless

READ FIRST:

For FAFSA purposes, a student may be considered unaccompanied and/or homeless under the following circumstances:

- Unaccompanied – means you are not living in the physical custody of your parent or guardian
- Homeless – means lacking fixed, regular, and adequate housing. You may be homeless if you are living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people because you have nowhere else to go.

If you still believe your situation warrants a review, please provide the following information.

Letter of Determination

Attach a letter of determination from one of the following organizations and or persons who determined you to be homeless or at risk of becoming homeless.

- A director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or another program serving those who are experiencing homelessness
- A high school or school district homeless liaison or designee
- A director or designee of a project supported by a federal TRIO or GEAR UP program grant
- A Financial Aid Administrator (FAA) at another institution of higher education

If you are unable to obtain a letter of determination, please submit your personal statement to our office for review. If additional information is required, we will reach out via your student email.

Section 5: Signatures

All information submitted will be held in strict confidence. **Appeals with incomplete requirements will be denied.**

Student Certification

I certify that the information I have provided on this form and all accompanying documentation is true and correct to the best of my knowledge. I agree to submit additional documentation to support my appeal should the Office of Financial Aid and Veteran Services make such a request. I understand that making false statements or misrepresentations could result in a reduction and/or repayment of aid. I understand that the decision of the Dependency Appeal is final and cannot be changed.

Student's Signature

Date

Parkland College ensures equal educational opportunities are offered to all students regardless of race, color, national origin, gender, disability, sexual orientation, veteran/Vietnam veteran era, age, or religion, and is Section 504/ADA compliant. For additional information or accommodations call 217-351-2505.

For Office Use Only:

Dependency Appeal

Dependency Appeal Denied

FAA Signature

_____ Date _____

Provisionally Independent Status Approved

Provisionally Independent Status Denied

FAA Signature

_____ Date _____