

2025–2026 Dependency Status Appeal Form

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Student's Last Name _____ First Name _____ M.I. _____ UMB ID Number _____ Program of Study _____

The Department of Education allows Financial Aid Administrators the right to change a student's classification from dependent to independent, but only in extreme circumstances. If you would like to be reclassified as an independent student, complete and submit this form, along with all appropriate documentation.

Renewal Applicants: Students previously approved for an override at UMB need only submit numbers 1, 4 and 9 below.

The following circumstances will be denied: parents refuse to or are unable to contribute financially to your college costs; parents do not claim you on their taxes; you do not reside with your parents; you claim to be self-sufficient; your parents reside in another country; your parents are retired; and/or you were married AFTER completing FAFSA.

1. **Personal Statement:** Typed personal statement explaining why you believe you qualify for independent status. Must include:

- Detailed information explaining the situation and what led to it
- A description of your current relationship with both your father and mother
- An explanation of how you are currently financially supporting yourself

2. **Three 3rd Party Letters:** Letters from individuals who can verify the family situation described in your Personal Statement:

- All letters must be notarized
- At least two (2) of the letters must come from professional adults such as a clergy member, counselor, doctor, law enforcement representative, professor, or teacher, and must be on letterhead

3. **Related Legal Documents:** Copies of all related legal documents verifying the situation described in your Personal Statement (Check all that apply):

___ Emancipated Minor Proclamation ___ Death Certificate ___ Restraining Orders
___ Legal Guardianship before turning 18 Documentation ___ Other ___ Document of Incarceration

4. **Income and Expenses:** Fully complete back of this form and attach signed 2024 IRS Tax Return Transcript or signed 2024 Federal Tax Return (all pages, including schedules) and W-2 Form(s).

5. **Last Four Paystubs:** Copies of your last four paystubs for all jobs currently held.

6. **Lease:** Copy of lease or notarized and signed statement from landlord indicating property name, address and monthly rent.

7. **Health Insurance:** Copy of health insurance before entering UMB. If you do not have insurance please provide a copy of the last insurance you held.

8. **Car Registration/Insurance:** Copy of car registration and insurance policy (if you rely on public transit please indicate in your Personal Statement).

9. **Financial Support:** If anyone is currently providing you with financial support or any form of assistance (i.e. free/reduced room and board, living allowance, pays bills on your behalf, etc.), please have them write a statement explaining what they provide and the monthly or yearly value.

10. **Previous College Override:** Proof that your previous college granted you a 'dependency override'. If they did not, you must explain this in your Personal Statement.

Parents:

Mother

Father

Name: _____

Address: _____

Phone & Email: _____

Mother Month/Year:

Father Month/Year:

Last time you lived with your parents: _____

Last time you had any contact with your parents: _____

Last time your parents provided any financial support: _____

2024 Income			2024 Expenses		
Type of Income	Yearly Income	Source	Expense	Yearly Cost	Who Pays or Provides
Financial Aid Scholarships			Rent or Mortgage		
Financial Aid Grants			House/Rental Insurance		
Financial Aid Loans			Property Taxes		
Income Earned from Work			Electricity, Gas, Oil, Water		
Child Support			Cell Phone		
Alimony			Internet		
Food Stamps			Cable TV and Streaming Video		
WIC			Car Payment		
SNAP			Car Insurance		
Social Security Benefits			Car Maintenance		
Subsidized Housing			Gas & Public Transit Tickets		
Unemployment			Parking		
Workers Compensation			Groceries and Eating Out		
			Clothing		
			Personal Care		
			Home Supplies		
			Tuition/Fees		
			Books/Supplies		
			Co-Pays & Insurance		
			Medicine		
			Child Care		
			Debt Reduction		
			Savings		

By signing below I certify that all of the information on this form and all of the required documentation provided are legitimate and accurate.

STUDENT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:	
Student Service Support Section:	
____ General Student Info Complete	Checked by: _____ APPEAL Set to "D" and Form Submitted to Counselor
Counselor Section:	
____ Personal Statement	____ Three Notarized 3 rd Party Letters
____ Lease	____ Health Insurance
____ Previous College	____ Letter(s) from Financial Support Provider(s)
____ Back of Form Fully Completed	____ Other: _____
Counselor's Signature: _____	Date: _____
Committee Decision: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Decision Date: _____ Requirements Updated	
Comments/Reason for Denial: _____	