

Office Use Only:
22PDOV
Status_____

Name:

Scan & Upload to StudentForms:

https://montclair.verifymyfafsa.com

OŔ

ID#

Mail/Drop-off:

Montclair State University Attn: Financial Aid Office 1 Normal Avenue Montclair, New Jersey 07043

2021-22 Petition for Dependency Status Review

Please print		
Addı	ress:	
Telep	phone #:	Email address:
costs aid el Depe of you parer	of students. If you are co ligibility is determined by ndent students are require are parent(s) to provide parent(s) is not an acceptable if	e that the family has primary responsibility for meeting the educational sidered a dependent student according to the financial aid definition, your using both your and your parent(s') income and asset information. by law to provide parental information and signatures. The unwillingness ental data or your unwillingness to seek financial assistance from your eason to appeal your dependency status. Similarly, financial selfus does not determine dependency status.
stude docui regul	nts who have been separate ment that you should be cations requiring parental in	onsidered independent due to unusual circumstances (for example, ed from their families due to an unsafe environment). If you can insidered an independent student, you may petition for a waiver of federal formation. Your petition will be reviewed; if additional documents are an appointment with a Financial Aid Office officer may be required.
Pleas	se complete all of the f	llowing items in support of your request:
1.	Explain the unusual cir pages may be attached	numstances that you think make you an independent student. Additional as needed.
2.	Identify the name and l	ocation of both of your parents:
	Mother:	
	Father:	

	Thy you no longer consider yourself their dependent.		
Indica	ndicate where and with whom you currently reside and when you began living there.		
Staten	de signed statements from two responsible adults who are aware of your situation. nents from teachers, guidance counselors, members of the clergy are acceptable. These nents should be on agency stationary or school letterhead.		
	 These statements must include the following: Supporter's relationship to you Date the supporter met you Date the supporter first learned about your circumstances A concise summary of the details surrounding your situation 		
**I1	ncomplete statements will not be acceptable and will delay the financial aid process		
_	es of appropriate court documents are also acceptable. Statements from family members eceptable.		
5a.	Provide the following information for each of the individuals submitting documents of your behalf (name, address, and relationship to you):		
	1.		
	2.		
y that	the information provided in this petition is true and correct.		