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Montclair State University Red Hawk Central – Cole Hall 1 Normal Avenue Montclair, New Jersey 07043

2022-23 Petition for Dependency Status Review

Name:	ID #
Addres	ss:
Teleph	one #: Email address:
costs of aid elig Depend of your parent(al aid regulations assume that the family has primary responsibility for meeting the educational f students. If you are considered a dependent student according to the financial aid definition, your ibility is determined by using both your and your parent(s') income and asset information. Hent students are required by law to provide parental information and signatures. The unwillingness parent(s) to provide parental data or your unwillingness to seek financial assistance from your (s) is not an acceptable reason to appeal your dependency status. Similarly, financial self-mey and/or tax filing status does not determine dependency status.
student docume regulati	onally, students can be considered independent due to unusual circumstances (for example, s who have been separated from their families due to an unsafe environment). If you can that you should be considered an independent student, you may petition for a waiver of federal tons requiring parental information. Your petition will be reviewed; if additional documents are you will be contacted. An appointment with a Financial Aid Office officer may be required.
Please	complete all the following items in support of your request:
1.	Explain the unusual circumstances that you think make you an independent student. Additional pages may be attached as needed.
2.	Identify the name and location of both of your parents:
	Mother:

Indica	ate where and with whom you currently reside and when you began living there.
State	de signed statements from at least one responsible adult who is aware of your situation. ments from teachers, guidance counselors, members of the clergy are acceptable. These
stater	ments 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
**I	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 cceptable.
5a.	Provide the following information for each of the individuals submitting documents of your behalf (name, address, and relationship to you):
	1.
	2.
v that	the information provided in this petition is true and correct.
are:	
	Date: