

Name:

Financial Aid Office Phone: (973) 655-7600 redhawkcentral@montclair.edu

## Scan & Upload to StudentForms:

https://montclair.verifymyfafsa.com

OR

## Mail/Drop-off:

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

## 2025-26 Petition for Dependency Status Review

ID#

	Please print	
Addre	ess:	
Teleph	hone #: F	Email address:
students determine by law to or your	is. If you are considered a dependent student accined by using both your and your parent(s') inco to provide parental information and signatures. runwillingness to seek financial assistance from	mary responsibility for meeting the educational costs of cording to the financial aid definition, your aid eligibility is me and asset information. Dependent students are required The unwillingness of your parent(s) to provide parental data your parent(s) is not an acceptable reason to appeal your and/or tax filing status does not determine dependency
have be conside informa	een separated from their families due to an unsatered an independent student, you may petition for	due to unusual circumstances (for example, students who e environment). If you can <i>document</i> that you should be a waiver of federal regulations requiring parental hal documents are needed, you will be contacted. An e required.
Please	e complete all the following items in su	ipport of your request:
1.	Explain the unusual circumstances that yo pages may be attached as needed.	u think make you an independent student. Additional
2.	Identify the name and location of both of	your parents:
	Mother:	
	Father:	

and w	Thy you no longer consider yourself their dependent.
Indica	ate where and with whom you currently reside and when you began living there.
Staten	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 nents should be on agency stationary or school letterhead.
	<ul> <li>These statements must include the following:</li> <li>Supporter's relationship to you</li> <li>Date the supporter met you</li> <li>Date the supporter first learned about your circumstances</li> <li>A concise summary of the details surrounding your situation</li> </ul>
**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 acceptable.
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.
julian	<u>-</u>