

Student's First Name: _____ Last Name: _____



TAOHS- Inhouse Financial Aid Dept.

Current Year Dependency Appeal Form

In unusual circumstances, a student who does not meet any of the criteria to be considered independent from their parents may still be considered to be independent on the basis of the TAOHS Inhouse Financial Aid administrator's professional judgment. You may use this form to request a review of extenuating circumstances regarding dependent status. It is important that you complete all portions of this appeal form and provide all requested documentation. **Incomplete applications will not be considered.** We will not ask you to provide missing information; the appeal will simply not be considered.

The following examples **will not** make you independent:

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information for verification purposes
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency

Step 1: Submit your TAOHS Inhouse Financial Aid application. Your dependency appeal will not be considered until your TAOHS Inhouse Financial Aid application is on file.

Step 2: Indicate if this is a new or renewal request. Please check one.

NEW REQUEST FOR INDEPENDENT STATUS CHECKLIST: If this is your first time requesting a Dependency Appeal, please submit the following documents.

1. Submit a typed letter of explanation detailing the special circumstances that make you independent from your parent(s). You must describe your current relationship (even if you do not have a relationship with your parents(s)). Address the following your explanation:
 - The nature of your relationship with your parent(s)
 - Provide the date and place of your last contact with your parent(s)
 - How you have been supporting yourself
2. Submit letters from two (2) individuals who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.
 - The first letter should be from a **professional individual** not related to the student (i.e. counselor, social worker, teacher, clergy, police, etc.). Please submit on professional letterhead.
 - The second letter should be from either a **professional or non-professional individual** who is very familiar with your situation.
 - Each letter must include the individual's name, title or position, address, phone number, and must be signed.
 - The individuals cannot be related to each other and must reside at separate addresses.
3. Attach a copy of your current tax return transcript, list of income earned for that year and W-2 form(s) or other earning statement(s) if available. If you did not file a tax return, submit a statement of Non-filing from the IRS. You can print a transcript from the IRS online at www.irs.gov or by calling the IRS automated line at (800)908-9946.

RENEWAL REQUEST FOR INDEPENDENT STATUS CHECKLIST: A dependency override is granted annually. If you were granted a dependency override in the current year, please reapply by submitting the following documents.

1. Submit an updated typed letter of explanation detailing the special circumstances that make you independent from your parent(s). Address the following in your explanation:
 - The nature of your relationship with your parent(s)
 - Provide the date and place of your last contact with your parent(s)
 - How you have been supporting yourself
2. Attach a copy of your current tax return transcript, list of income earned for the current year and W-2 form(s) or other earning statement(s) if available. If you did not file a tax return, submit a statement of Non-filing from the IRS. You can print a transcript from the IRS online at www.irs.gov or by calling the IRS automated line at (800)908-9946.

Submit this form to: TAOHS Inhouse Financial Aid Department | Online Services, | Houston, TX 77095

(832) 674-8355 (phone) | (281) 858-4400 (fax) trezvantacademyhomeschool@yahoo.com

Student's First Name: _____ Last Name: _____

CURRENT YEAR DEPENDENCY APPEAL FORM

Step 3: Complete the tables below:		
Living Arrangements and Financial Support		
1. Where did you live in the current year?	<input type="checkbox"/> At home with parents	<input type="checkbox"/> Off Campus
2. Where will you live in the next year?	<input type="checkbox"/> At home with parents	<input type="checkbox"/> Off Campus
3. Did your parents claim you as an exemption on their federal tax return in the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will your parents claim you as an exemption on their federal tax return next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did your parents provide your health insurance in the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Will your parents provide your health insurance next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did your parents provide your auto insurance in the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Will your parents provide your auto insurance next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Budgets and Assets —Round to the nearest dollar. Do not leave any blank.		
Current Year Student Income Resources	Monthly Amount	Source (i.e. work, parents, etc. or N/A)
Income from work	\$	
Unemployment Compensation	\$	
Social Security Benefits	\$	
Housing Assistance	\$	
Food Stamps	\$	
Other Income (i.e. monetary gifts)	\$	
Total:	\$	

Step 4: Certification Statement	
<i>Your signature on this document confirms your acknowledgement of the following:</i>	
<ul style="list-style-type: none"> • The information submitted for review is true and correct to the best of your knowledge. • If you purposely give false or misleading information, you may be fined, sentenced to jail or both. • I have read each section of this form and have provided the documentation required to evaluate my appeal. • I understand that more documentation may be required upon request. • I understand that completion of this form is only a request for independent status and does not guarantee approval of my appeal. 	
Telephone Number	Email Address
Student Signature	Date

For Office Use Only: Outcome of Dependency Appeal		
<input type="checkbox"/> Appeal Approved	<input type="checkbox"/> Appeal Denied*	
Reason appeal denied:		
	Date:	Counselor:

_____	_____	_____	_____
Student Signature	Date	Spouse/Parent Signature (required, if applicable)	Date

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For Office Use Only

Date: _____ Received By: _____