

2023-2024 Appeal for Independent Status

PHONE: 410-704-4236 • LIVE CHAT: towson.edu/aidcontacts • EMAIL: finaid@towson.edu • FAX: 410.704.2584

Plea	se PRINT Clearly				
St	ıdent Name (Last, First):	,	ΓU ID #:		
Ph	one Number:	E-mail Address:			
	every question on this form, the terms "mother," "ou were adopted, please answer all questions based	father," and "parent(s)" refer only to your biological on your adoptive parents.	nl mother and f	ather.	
	ou can answer "yes" to any of the following question pendent student, and you should not submit this a	ns, you are already automatically eligible to apply f <u>ppeal form</u> .	or 2023-2024 fir	nancial ai	d as an
1.	Were you born before January 1, 2000?			☐ Yes	☐ No
2.	Are you married now, and were you married before	ore you filed your 2023-2024 FAFSA?		☐ Yes	☐ No
3.	Are you a veteran or current active-duty member	of the U.S. Armed Forces? (See Note 1.)		Yes	☐ No
4.	Do you have one or more children or other deper	ndents who get more than half their support from yo	u?	Yes	☐ No
5.	Answer yes if any of the following conditions wer a. Both of your biological or adoptive parents w b. You were placed in foster care (Answer yes, even if you were later adopted,):	☐ Yes	□ No
6.	Are you currently an Emancipated Minor as deter or were you an Emancipated Minor when you be			☐ Yes	□No
7.	Are you currently in a Legal Guardianship as dete or were you in a Legal Guardianship when you be			☐ Yes	□No
8.	At any time on or after July 1, 2022, did you meet a. Did your high school or school district homel who was homeless?	t any of these three categories of homelessness: ³ ess liaison determine that you were an unaccompan	ied youth	Yes	□ No
		ansitional housing program funded by the U.S. Depathat you were an unaccompanied youth who was ho		☐ Yes	☐ No
	c. Did the director of a runaway or homeless yo	uth basic center or transitional living program deterneless or were self-supporting and at risk of being ho	mine that you	☐ Yes	□No

¹Question 3 Notes: Answer "Yes" if you have NOT been dishonorably discharged AND you have served in the U.S. Armed Forces, or as a U.S. cadet or midshipman, or are a National Guard or Reserves enlistee who has served active duty for other than state or training purposes. Answer "No" if you are a National Guard or Reserves enlistee who is on active duty for state or training purposes.

2Question 6 and 7 Notes: Answer "**Yes**" if you can provide a copy of court documents stating that you are currently an emancipated minor or have a current legal guardianship or that you were an emancipated minor or were in legal guardianship immediately before you reached the age of legal adulthood in your state. Answer "**No**" if you are still a minor and the court decision is no longer in effect or the court decision was not in effect at the time you become an adult.

³Question 8 Notes: Answer "Yes" if you received a determination at any time on or after July 1, 2022, that you were an unaccompanied youth who was homeless or at risk of being homeless.

- **Homeless** means lacking fixed, regular, and adequate housing, which includes living in shelters, motels, or cars, or temporarily living with other people because you had nowhere else to go.
- Unaccompanied means you are not living in the physical custody of your parent or guardian.
- Youth means you are 21, or younger or you are still enrolled in high school as of the day you sign this application.

Answer "**No**" if you are not homeless or at risk of being homeless or if you do not have a determination. If have not been officially determined homeless, but believe you are an unaccompanied youth who is homeless or that you are an unaccompanied youth providing for your own living expenses who is at risk of being homeless, contact our office for assistance obtaining a determination.

Office Use: 1/10/23 2022-23 DEPOVR

Appeal Instructions:

7. Who owns the vehicle you drive?

If you do not meet conditions 1-8 above, federal aid regulations normally require us to consider your parent(s)' financial resources when evaluating your financial need. However, if **extraordinary** circumstances make it difficult for you to obtain your parent(s)' financial data, we may be able to waive this requirement through this appeal process. If your appeal is approved, we will authorize you to apply for aid as an independent student, using only your income and asset information.

- Examples of qualifying circumstances include: <u>estrangement from parents</u> or parental neglect, abuse, addiction or mental health problems.
- The following circumstances **by themselves** are <u>not sufficient</u> grounds to approve a dependency appeal: a) student doesn't live with parents, b) parents don't support student, c) parents don't claim student on taxes, d) parents don't want to provide financial data, or e) parents have low income (financial aid formulas automatically consider financial need).
- If you were most recently supported by legal guardians, grandparents, other relatives, or friends, you cannot list their income data on your FAFSA. If either of your parents is still alive, you must still provide parent data unless we are able to approve your appeal.
- We respect your right to keep your personal circumstances private, but we cannot approve appeals without complete and well-documented explanations of your circumstances. Our policies and Federal student privacy laws (FERPA) ensure that your information will be kept strictly confidential. We will not notify your parents or share any information with them.
- If you are unable to appeal or your appeal is denied, and your parents refuse to complete the Free Application for Federal Student Aid
 (FAFSA), you may still borrow a Federal Direct Unsubsidized Student Loan by completing the "2023-2024 Parent FAFSA Refusal
 Form," which is available online at: www.towson.edu/aidforms

To appeal your status, please submit this form and the required documentation. We will respond to your TU email. If you are unable to collect all the requested data, please call to discuss your situation. We want to help you complete this process. What is your mother and father's current marital status? ☐ Never married to each other Separated or divorced from each other Mother is widowed Married to each other ☐ Father is widowed List your parent(s)' full legal names and all their addresses since you turned 18. * **Father** Mother Name: Date of Birth Current Address: Dates: Since: Since: **Previous** Address: Dates: From: To: To: *If you do not know the exact dates or full addresses, list as much information as you can. How often do you have contact with your parent(s), and when was the last time you had contact with them? Please list any financial support you received from your parent(s) in the last 2 years. Include the type of support and the parent who provided it. (Financial support includes cash, housing, food, gifts, and payment of your bills or debts such as health or car insurance, or car payments.) When was the last time you received financial support from either parent? (List the parent(s) and the date or your age.) List the total amount of financial support you received from friends, relatives, or guardians during 2021 (1/1/2021 -12/31/2021). Include money given directly to you and personal bills paid on your behalf, such as personal phone bills, car payments, car and health insurance, etc. Do not include any indirect support such as free room and board, household bills, gifts, clothing, etc.

☐ Me ☐ Parent(s) ☐ I don't drive ☐ Other:

8.	If y	ou own a v	rehicle, are you making payments on that vehicle?	☐ Yes ☐ N	0		
9.	Do	you have h	nealth insurance?				
10.	Wh	en was the	e last time you received health insurance through ei	ther of your parents or	their employers?	•	
			ent and the approximate date or your age at the tin				
11.	List	your addr ned or rent	esses since the age of 18 or since you moved out of ed the property (parents, aunt, self, friend, etc.) and	your parent(s)' home. I the dates you lived at	Include your rela each address.	tionship to the pe	ople who
			T	Your relationship to	From:	To:	7
			Your Address	renter/owner	(Month/year)	(Month/year)	
	(Current:					
	I	Previous:					
	I	Previous:					
	I	Previous:					_
12.	Wh	en was the	last time you lived with either parent (include date	s or your age at that ti	ne)?		
13.	Wh		did you live with most recently?				
		Both	☐ Father ☐ Mother ☐ Equally	split time between bo	th parents.		
14.	If y		'Equally split time," which parent provided more f	inancial support the la	st time you recei	ved financial supp	ort?
		☐ Father	r Mother				
situ	ation	ıs are uniqı	documentation that an extraordinary situation eque, it may be necessary to collect documentation in nentation, please call our office at 410-704-4236.				
15.	ALI	students 1	must submit at least ONE of the following documen	ts:			
	(TH	IS IS THE	MOST IMPORTANT PART OF YOUR APPEAL.)				
		Parent's I	Death Certificate				
		Statemen	at(s) from Social Services, police reports, or court do	cuments about parenta	al neglect, abuse,	or mental health]	problems.
		knowledg	Dependency Appeal Statement Request" form to ge of your extraordinary circumstances. Statements or, teacher, social worker, doctor, clergy, or other pro-	s should be on official l			
16.	Plea	ase submit	all of the following documents (unless you have alr	eady done so). Check	each attached d	ocument.	
	If y	ou are una	ble to obtain all this data, please call our office at	410-704-4236 and mak	te an appointmen	nt with a Financial	Aid Advisor.
		Complete	ed Dependency Appeal Form				
		Your Birt	h Certificate or other official document listing the n	ames of your biologica	l or adoptive par	ents	
		• Leav	ve NOT already done so, please complete the FAFS re all the parental data blank. till ask you several times if you are sure that you wat	_		yes" every time.	

Child Abuse/Neglect Reporting Requirements:	If you disclose information about current or previous childhood abuse or neglect, state law requires TU staff to report the information to MD's office of Child Protective Services even if the events occurred years ago.
TU Counseling Services:	Towson University offers short-term personal counseling services to TU students (most services are free). If you would like to request personal counseling, please contact the Counseling Center at 410-704-2512.
Below or on an attached do	cument, explain the family situation that prompted your request for independent status. (REQUIRED)

		-	-

18

- I understand that if I purposely give false or misleading information on this form or in my supporting documentation, I will be committing a federal crime and could be fined up to \$20,000, sent to prison, or both.
- I also understand that if my situation changes and I move back in with my parent(s), or begin receiving financial support from them, I must immediately report this information to the Towson University Financial Aid Office.

Student Signature:	Date:	

Submission Methods (Choose one.) - Please include student's name and TU ID Number.

Document Upload	Fax	Mail	In Person
Please scan all documents into a single PDF file, and upload them to www.towson.edu/SubmitAidDocs	410-704-2584	Towson University Financial Aid Office 8000 York Road Towson, MD 21252	Room 339 Enrollment Services Center Monday - Friday 8:00 - 4:30



2023-2024 Dependency Appeal Statement Request Form

PHONE: 410-704-4236 • LIVE CHAT: towson.edu/aidcontacts • EMAIL: finaid@towson.edu • FAX: 410.704.2584

Student Name (Last, First):	TU	J I.D. #:
Phone Number:	E-mail Address:	
Mailing Address:	<u>'</u>	
	ve third parties to submit statements to our office verifying Relevant persons include, but are not limited to, school cou loyer, court or legal official.	
We must receive separate signed	l request forms and signed statements from both statement	providers.
We will not share this information	on with the student's parents, and it is protected by federal	student privacy laws (FERPA).
If you have any questions or diff	iculty meeting these documentation requirements, please of	eall 410-704-4236.
Student Authorization:		
authorize	(Name of Person Providing Sta	atement) to release information
vritten statement(s) and my authoriza authorization will expire one year fro his information is released to TU it n tudent privacy laws (FERPA). I unde eference's office address. However,	arents to the Towson University Financial Aid Office. This ation to respond to inquiries from the TU Financial Aid Office in the authorization date and includes any protected health and no longer be protected by the HIPAA Privacy Rule, but extand that I may revoke this authorization at any time by revocation will not affect information that has already beer	ce regarding this statement(s). The information. I understand that on that it will be protected by federal sending written notification to this
inancial Aid Office to cancel my fina	ancial aid if they are unable to verify previously received da	
	_	
		ata.
		ata.
Student Signature: ment Provider Section: Federal regulations require this stude	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding y o	nta. Lication for Federal student aid. The
Student Signature: ement Provider Section: Federal regulations require this stude tudent has asked us to waive this recommend.	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding yo her parents .	nta. Lication for Federal student aid. The
Estudent Signature: Ement Provider Section: Federal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding yo her parents .	lication for Federal student aid. Ti
Entudent Signature: Pement Provider Section: Pederal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/ What is your relationship to this student's your relationship to this student's relatio	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding yo her parents . ent? Relative Friend Other:	lication for Federal student aid. The cour knowledge of any problems
Student Signature: ement Provider Section: Gederal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/ What is your relationship to this studenties the studenties of the student's relationship to this studenties.	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding yo her parents . ent? Relative Friend Other:	lication for Federal student aid. The cour knowledge of any problems
Student Signature: Pement Provider Section: Pederal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/ What is your relationship to this studenties your relationship to this studenties. Pequired Information: Your statement must focus on your how long have you known this stored thow did you acquire your knowled.	nt to provide his/her parent's financial data on his/her appliquirement. Please submit a written statement regarding your her parents . ent? Relative Friend Other: ur knowledge of any significant problems in his/her relation udent? edge of this student's family situation?	lication for Federal student aid. The control of th
Student Signature: Pement Provider Section: Pederal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/ What is your relationship to this studenties your relationship to this studenties. Pequired Information: Your statement must focus on your how long have you known this stored thow did you acquire your knowled.	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding yo her parents . ent? Relative Friend Other:	lication for Federal student aid. The control of th
Student Signature: Prement Provider Section: Prederal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/ What is your relationship to this student is your relationship to this student is your relationship to this student is your statement must focus on you how long have you known this stored How long have you known this stored in How did you acquire your knowled to Use official letterhead, and includent understand that if I disclose any information:	nt to provide his/her parent's financial data on his/her appliquirement. Please submit a written statement regarding your her parents . ent? Relative Friend Other: ur knowledge of any significant problems in his/her relation udent? edge of this student's family situation?	lication for Federal student aid. The court knowledge of any problems aship with his/her parents. The court is a signature of the court is a signature. The court is a signature of the court is a signature. The court is a signature of the court is a signature.
Student Signature: Pement Provider Section: Pederal regulations require this stude tudent has asked us to waive this rechis student's relationship with his/ What is your relationship to this student is your relationship to this student is your statement must focus on you how long have you known this state How did you acquire your knowled Use official letterhead, and includent understand that if I disclose any inference the information to Maryland's understand that it is a federal crime	nt to provide his/her parent's financial data on his/her appl quirement. Please submit a written statement regarding you her parents. ent? Relative Friend Other: or knowledge of any significant problems in his/her relation udent? edge of this student's family situation? e your name, professional title, address, telephone number ormation regarding current or previous childhood abuse or	dication for Federal student aid. The cour knowledge of any problems aship with his/her parents. er, and signature. neglect, state law requires TU stated many years ago.

Students: Please scan all your appeal documents to a single PDF file and upload them to www.towson.edu/SubmitAidDocs.

Revised: 1/10/23 2023-24 DEPOVR