



# 2024-2025 Special Circumstance Request Dependency Status Evaluation

## I. Student Information

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Last Name	First Name	Middle Initial	Student ID
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Email Address	Home Phone Number	Cell Phone Number
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Students are classified as dependent or independent because federal student aid programs are based on the idea that students (**and their parents or spouse, if applicable**) have the primary responsibility for paying for their post-secondary education.

The U.S. Congress defines an independent student (**for financial aid purposes**) as one who meets one of the following conditions at the time the 2024-2025 Free Application for Federal Student Aid (FAFSA) is completed and signed:

- You are married.
- You were born before January 1, 2001.
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- You are a veteran of the U.S. Armed Forces (**discharge must not be dishonorable**).
- You are working on a master’s or doctoral degree.
- You have children who receive **more than half of their support from you**.
- You have dependents (**other than your children or spouse**) who live with you and who receive **more than half of their support from you, now and through June 30, 2025**
- When you were age 13 or older, **A)** both of your parents were deceased, **B)** you were in foster care, or **C)** you were a dependent/ward of the court.
- You are an emancipated minor as determined by a court in your state of legal residence.
- On or after July 1, 2023, you were determined to be an unaccompanied youth who was homeless or self-supporting and at risk of being homeless by either your school district liaison, the director of an emergency shelter, or the director of a runaway or homeless youth center.

**Note:** You do not need to complete this form if one of the above conditions applies to you.

The Higher Education Act allows an aid administrator to consider dependency overrides on a case-by-case basis for students with unusual circumstances. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:**

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

## IMPORTANT

- Dependency status must be recertified every year; it does not automatically renew
- We may request additional documentation when applicable
- Adjustments made to your SAR as a result of granting your request may delay or change your financial aid awards
- Requests to evaluate dependency status without required documentation will not be considered
- Responses will be sent via email notification to your ENC email address

## II. Additional Financial Information

1. Must be initiated with a letter of explanation from the student requesting consideration of his/her particular circumstances. Please explain in full.
2. Refer to documentation requirements (see below) when preparing your request.
3. Complete all remaining sections of this form.
4. Submit a copy of the 2022 federal tax return or verification of non-filing status
5. Please check the box next to the circumstance that fits your situation in section III.

## III. Situations in which revisions may be made to your original application:

Check which situation applies to you:

**(A) Unusual circumstances exist within your family that prevent you from obtaining your parent's financial information, such as:**

- Incarceration of the custodial parent
- Abandonment by both parents

**(B) History of parental alcohol or drug abuse**

**(C) Abusive home situation that is detrimental to your physical or mental well-being Documentation Requirements:**

1. Two or more signed statements from third parties having firsthand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority who are familiar with the situation. Personal references, which do not represent an agency opinion, must include contact information.
2. Copies of any court documentation relevant to your situation.
3. A copy of student's 2022 IRS federal tax return.
4. A signed statement detailing why you should be considered an independent student.

**(B) Death of a parent after filing the FAFSA and severe circumstances exist with the surviving parent Documentation Requirements:**

1. Two or more signed statements from third parties having firsthand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority who are familiar with the situation. Personal references, which do not represent an agency opinion, must include contact information.
2. A copy of the death certificate or newspaper obituary.
3. A copy of student's 2022 IRS federal tax return.
4. A signed statement detailing why you should be considered an independent student.

**(C) You, the student, are divorced and during the time you were married, maintained a separate residence from your parents and your former spouse's parents. Also, you now maintain a separate residence from your parents and pay all expenses from your own income and assets.**

**Documentation Requirements:**

1. A copy of your marriage license.

2. A copy of your divorce decree.
3. A copy of your 2022 IRS federal tax return.
4. Copies of your 2022 W-2 form(s).
5. A copy of your mortgage or lease agreement for the period in which you were married.
6. A signed statement detailing why you should be considered an independent student.

#### IV. Monthly Expenses and Income Worksheet

**2024 EXPENSES:** List your monthly expenses below and the name of the person who provides payment for them.

Expense	Monthly Cost	Who Pays/Provides Payment
Housing	\$	
Utilities	\$	
Food	\$	
Child Care or Dependent Care	\$	
Transportation	\$	
Medical/Insurance	\$	
Personal (clothing, toiletries, etc.)	\$	
Other	\$	
<b>TOTAL EXPENSES:</b>	\$	

**2024 INCOME:** List your monthly income as specified below, and list the source of that income by name (examples: selfemployed, employer's name, trust fund, etc.)

Type of Income	Monthly Income	Source(s)
Wages	\$	
Interest/Dividends	\$	
Untaxed income (social security, unemployment compensation, etc.)	\$	
Cash Support/Gift	\$	
Federal Work Study	\$	
TANF	\$	
Other	\$	
<b>TOTAL INCOME:</b>	\$	

**HAVE YOU COMPLETED ALL OF THE DOCUMENTATION REQUIREMENTS FOR YOUR SITUATION?**

Continue to Section V on the next page.

#### V. Additional Information (Answer all questions below)

1. List the **month and year** you **last** lived with your parent(s): \_\_\_\_\_
2. List the **month and year** you **last** received financial support from your parent(s): \_\_\_\_\_

3. List the **year** you were **last** claimed by someone else as an exemption on their federal tax return and your relationship to them:  
 Year you were claimed: \_\_\_\_\_  
 Person who claimed you (grandparent, sister, etc.): \_\_\_\_\_
4. Circle the type of federal tax return that you filed for 2022 (**1040, 1040A, etc.**). If you did not file taxes for 2022, but did earn income, you must list the amount of income you earned and **provide us with copies of your W-2 forms for 2022.**
- |           |             |                                     |
|-----------|-------------|-------------------------------------|
| Form 1040 | Form 1040EZ | List the amount of income earned in |
|           | Form 1040A  | Did not file                        |
|           |             | 2022: _____                         |
5. If you are covered under a medical plan, list the following information: \_\_\_\_\_  
 If not covered, list "not covered" here: \_\_\_\_\_  
 Name of insurance company: \_\_\_\_\_  
 Name of person/company providing coverage: \_\_\_\_\_  
 Name of person paying insurance premiums: \_\_\_\_\_
6. List the name of the registered owner of your automobile: \_\_\_\_\_
7. If you are the registered owner, provide the following:  
 Year, Make, Model: \_\_\_\_\_  
 Purchase Date: \_\_\_\_\_  
 Total balance owed: \_\_\_\_\_  
 Monthly auto payment: \_\_\_\_\_  
 Name/relationship of person paying auto payment: \_\_\_\_\_

## VI. Signature

All of the information on this Request to Evaluate Dependency Status is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this request, I may be subject to a \$20,000 fine, a prison sentence, or both.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

## VII. Submission Methods: *Choose one of the following:*

**Email:** [sfs@enc.edu](mailto:sfs@enc.edu)

**Fax:** 617-745-3992

**Mail:** Student Financial Services, 23 East Elm Avenue, Quincy, MA 02170

*You should make a copy of this completed form for your records.*