



2024-25 Unusual Circumstances Dependency Appeal (UCDA)

Student Name _____ Student ID: _____

Step 1 - Submit the following for ALL requests:

- Signed letter from student justifying independent status. Include:
 - A history of your relationship with both of your parents (including stepparents, if applicable).
 - Where and with whom you lived from the time you stopped living with your parents through now.
 - Who provided your financial support from the time you stopped living with your parents through now? If you did not receive any financial support from others, explain how you supported yourself.
- Two signed letters of support from third party documenting knowledge of the situation. (Examples include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services, or officers of the court. Statements from adult professionals must be signed on agency letterhead and must include the professional title of the person writing the statement. Other references not represented by an agency must be notarized.)

Step 2 – Reason for appeal: Select all situations below that apply.

- Abandonment or estrangement:** Your parent(s) retain legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown or you cannot readily reach them. You have no contact with your parent(s), they did not claim you on their most recent income tax return, and they have not provided you with any emotional or financial support (including health or auto insurance coverage) for an extended period.
- Abuse:** Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, verbal or substance abuse.
- Conflicting beliefs or practices:** Your parents disowned or severed ties with you because your beliefs, practices, or preferences differ from theirs on one or more of the following areas: race, religion, education, health, gender, sexual orientation, or cultural expectations.
- Death:** Your custodial parent is deceased, and you have no contact with or receive support from other parent.
- Incarceration:** At least one parent is in prison because of their participation due to illegal activities, and you have no contact with or receive support from your other parent.
- Institutionalization:** At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA, and you have no contact with or receive support from your other parent.
- Location Unknown:** Your parents do not reside in the United States and cannot be contacted.
- Unaccompanied and either homeless, or self-supporting and at risk of being homeless:** You are living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people because you have nowhere else to go.

If you have extenuating circumstances not described above, which prevent you from obtaining your parents' financial information. Mark the statement below that best describes your situation: Select only one

- I was living with my parent(s) and was kicked out or told I could no longer live with them.
- I was living with my parent(s) and left home due to abuse, conflict, or discord.
- I lived with my parents until I turned 18 or graduated from high school and was not forced to move out.
- I never lived with either parent but was never legally adopted by or under the legal guardianship of anyone else.
- Other (explain): _____

Step 3 - Additional Information – answer all questions below:

1. What year were you last claimed by your parent(s) as a dependent on a Federal tax return? Year: _____
2. When did you last live with your parent(s)? Month: _____ Year: _____
3. When did you last receive financial support from your parent(s)? Month: _____ Year: _____

4. Report the details of your most recent contact with both parents.

Parent Name	Month/Year of last contact	Contact details
Parent 1		
Parent 2		

5. Are you included as a dependent under your parent(s) medical plan? YES NO

6. Do you own or use an automobile while attending CoFC? If yes: YES NO

a) Name of registered owner: _____ Relationship: _____

b) Name of insurance policy holder: _____ Relationship: _____

c) Does someone else make your insurance payments? YES NO

o If yes, name: _____ Relationship: _____

d) Do you have monthly car payments? YES NO

e) Does someone else make your car payments? YES NO

o If yes, name: _____ Relationship: _____

7. Indicate where you have been living since July 1, 2023:

Residence (a-e)	Address of Residence	Length at Residence		Rent per Month or Room/Meal Plan per Term
		From:	To:	

a = residence hall b = off-campus apartment c = self-owned home d = parent/relative's home e = other (explain)

STEP 4 - Appeal is Reviewed: A Financial Aid Administrator will review the appeal and notify you of their decision or if they require any additional information.

STEP 3 - Appeal Decision:

- If approved, the Financial Aid Administrator will change your FAFSA to indicate that you are an independent student and provide instructions on any additional steps needed to complete the financial aid process.
- If denied, the Financial Aid Administrator will provide instructions on how to complete the financial aid process as a dependent student.

Student Certification

I hereby certify that all information contained in this request for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I certify that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have done so, my request will be denied and my eligibility for Federal and State student aid will be jeopardized.

Student Signature - **Electronic signatures are NOT acceptable** _____ Date _____