



Office of Financial Aid  
Room 110 University West  
Victoria, TX 77901-5731  
Ph. 361-570-4125 Fax: 361-580-5555  
Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)

## 2021-2022 Dependency Change Request

### This application is available to you if:

1. You do not meet the definition of an Independent student for financial aid as defined by the U.S. Department of Education, **AND**
2. You believe that you have a justifiable unusual circumstance that differentiates you from other UHV student's making it unreasonable to assess your parents' ability to contribute to your educational costs.

### To apply for a dependency change, you must submit the following to the Financial Aid Office:

1. A completed Free Application for Federal Student Aid (FAFSA). You can fill out the form at [www.fafsa.gov](http://www.fafsa.gov) and enter our school code 013231 online. **LEAVE THE PARENT SECTION BLANK.**
2. You will need to turn in all verification documents:
  - A. 2021 - 2022 Independent Verification Worksheet V1 (attached)
  - B. Your 2019 Tax Return Transcript
    - a. To obtain a 2019 IRS Tax Return Transcript, go to [www.irs.gov](http://www.irs.gov) and under the Tools heading click on the "Get a Tax Transcript." Make sure to request the "IRS Tax Return Transcript", or call IRS 1-800-908-9946. Paper Request Form – IRS Form 4506T-EZ or IRS Form 4506-T are also available.
  - C. All 2019 W-2's and 1099's
3. A completed "Applicant Form" (attached). If you are filling out a Dependency Change Request form for the 1<sup>st</sup> time, please select "Initial" on the application. Otherwise select "Renewal" and skip to instruction #7. Complete the "Statement of Explaining your Circumstance" in Section D.
4. A completed "Reference Form" (attached) from the person with whom you reside. If you live alone, another close relative or friend would be acceptable.
5. A completed "Reference Form" (attached) from a professional (e.g., pastor, attorney, counselor, teacher, principal, employer, etc.) who is **NOT** related to you and is familiar with your unusual circumstance.
6. Any additional supporting documentation which you believe will further justify a dependency change.
7. You may also be requested to provide additional documentation to support your application. **You will be notified if additional documents are required.**



Office of Financial Aid  
 Room 110 University West  
 Victoria, TX 77901-5731  
 Ph. 361-570-4125 Fax: 361-580-5555  
 Email: finaid@uhv.edu

## 2021-2022 Dependency Change Request Applicant Form

**Check One:                      Initial                      Renewal**

Last Name:	First Name:	UHV ID:	
------------	-------------	---------	--

### Section A: Expenses and Resource Information for Calendar Year 2019

Expenses	Student	Income	Student
Housing/Rent	\$	Earnings from all jobs	\$
Food	\$	Unemployment Compensation	\$
Car payment/Insurance	\$	Withdrawals from savings	\$
Car maintenance/Gas	\$	Social Security/Disability Benefits	\$
Utilities/Telephone/Cable	\$	Welfare, AFDC, TANF	\$
Child Support/Alimony Paid List child (or children)	\$	Bills paid by someone else on your behalf (total dollar value)	\$
Credit Card Payments	\$	Child Support Received	\$
Clothing	\$	Alimony/Palimony Received	\$
Personal Entertainment	\$	Cash received from family and/or friends	\$
Child Care	\$	Total Financial Aid received in 2019-2020	\$
Medical/Dental Insurance	\$	VA Benefits	\$
Other:	\$	Housing, Food and Other Living Allowances	\$
Other (specify)	\$	*Other: explain below	\$
<b>TOTAL EXPENSES FOR 2019</b>	<b>\$</b>	<b>TOTAL INCOME FOR 2019</b>	<b>\$</b>

If the amount of Expenses exceeds the total amount of Resources, a written statement explaining the imbalance **must** be attached.

### Section B: Current Living Arrangements

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Person(s) with whom you reside: \_\_\_\_\_

What is the relationship to this person? \_\_\_\_\_ How long have you lived with this person? \_\_\_\_\_

### Section C: Additional Information

Were you or will you be claimed as an income tax exemption on someone else's tax return for the following year(s) and if yes, by whom?

<b>2017</b>	<b>Yes</b>	<b>No</b>	<b>Mother</b>	<b>Father</b>	<b>Stepparent</b>	<b>Person you currently reside with</b>
<b>2018</b>	<b>Yes</b>	<b>No</b>	<b>Mother</b>	<b>Father</b>	<b>Stepparent</b>	<b>Person you currently reside with</b>
<b>2019</b>	<b>Yes</b>	<b>No</b>	<b>Mother</b>	<b>Father</b>	<b>Stepparent</b>	<b>Person you currently reside with</b>

### Section D: Statement Explaining Your Circumstance

Please use the Section D form that is attached to explain your unusual circumstances. Please explain why you believe it is unreasonable to assess your parent's ability to contribute toward your education & any additional information which will help distinguish your situation as unusual.

### Student Certification

I \_\_\_\_\_ certify that the information on this form is complete and accurate.

PRINT NAME

Signature \_\_\_\_\_

Date \_\_\_\_\_



**2021-2022 Dependency Change Request**

**Student Statement Form**

Office of Financial Aid

University of Houston-Victoria

3007 N. Ben Wilson, Room 110, University West, Victoria, Texas 77901-5731

Office: 361.570.4125 or 1.877.970.4848 Fax: 361.580.5555

Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)

Website: [www.uhv.edu/ofa](http://www.uhv.edu/ofa)

Student Name:

UHV ID:

**Section D: Statement Explaining Your Circumstance**

Provide a detailed statement explaining your unusual circumstance; please explain in as much detail as possible, describing your separation from your parents. You are required to include the following:

- The whereabouts of your biological parents and their current living arrangements. Include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
- Why you cannot provide parental information on the 2021-2022 Free Application for Federal Student Aid (FAFSA).
- Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.

You may use the back of this form for additional space.

**Financial Aid Office USE ONLY**

APPROVED

DENIED

Date: \_\_\_\_\_ OFA Initials \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_



**2021-2022 Dependency Change Request  
Reference Form**

Office of Financial Aid  
University of Houston-Victoria  
3007 N. Ben Wilson, Room 110, University West, Victoria, Texas 77901-5731  
Office: 361.570.4125 or 1.877.970.4848 Fax: 361.580.5555  
Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)  
Website: [www.uhv.edu/ofa](http://www.uhv.edu/ofa)

Student 's Name:		UHV ID:	
Relationship to Student:			
How long have you known the student?			

**Provide a detailed statement explaining your view of the student's unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the student's relationship with his/her parents and why it would be unreasonable to assess the parent's ability to contribute toward the student's education. Include any additional information which will help distinguish the student's situation as unusual. You may use the back of this form if needed, for additional space.**

I certify that the information provided on this form is complete & accurate. I understand that I may be contacted for further information or clarification.

Name of Reference:		Date:	
Signature of Reference:		Home Phone:	
Address:		Work Phone:	
City, State & Zip Code		Best time to be contacted:	

**Financial Aid Office USE ONLY**

Comments	Date _____	OFA Initials _____
_____		



**2021-2022 Dependency Change Request**

**Reference Form**

Office of Financial Aid

University of Houston-Victoria

3007 N. Ben Wilson, Room 110, University West, Victoria, Texas 77901-5731

Office: 361.570.4125 or 1.877.970.4848 Fax: 361.580.5555

Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)

Website: [www.uhv.edu/ofa](http://www.uhv.edu/ofa)

Student 's Name:		UHV ID:	
Relationship to Student:			
How long have you known the student?			

Provide a detailed statement explaining your view of the student's unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the student's relationship with his/her parents and why it would be unreasonable to assess the parent's ability to contribute toward the student's education. Include any additional information which will help distinguish the student's situation as unusual. You may use the back of this form if needed, for additional space.

I certify that the information provided on this form is complete & accurate. I understand that I may be contacted for further information or clarification.

Name of Reference:		Date:	
Signature of Reference:		Home Phone:	
Address:		Work Phone:	
City, State & Zip Code		Best time to be contacted:	

**Financial Aid Office USE ONLY**

Comments	Date _____	OFA Initials _____