

# University of Houston-Victoria

## Office of Financial Aid

3007 N Ben Wilson, Ste 133 University West, Victoria, TX 77901-5731  
Phone: 361-570-4125 Fax: 361-580-5555 Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)

### 2024-2025 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.studentaid.gov](http://www.studentaid.gov) and enter our school code 013231 online. **LEAVE THE PARENT SECTION BLANK.**
2. You will need to turn in all verification documents:
  - A. 2024 - 2025 Independent Verification Worksheet V1 (attached)
  - B. Your 2022 Tax Return Transcript
    - a. To obtain a 2021 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 2022 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". 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.**

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**2024-2025 Dependency Change Request Applicant Form**

**Check One:**

**Initial**

**Renewal**

Last Name:	First Name:	UHV ID:
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**Section A: Expenses and Resource Information for Calendar Year 2021**

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		Bills paid by someone else on your behalf (total dollar value)	\$
List child (or children)	\$	Child Support Received	\$
Credit Card Payments	\$	Alimony/Palimony Received	\$
Clothing	\$	Cash received from family and/or friends	\$
Personal Entertainment	\$	Total Financial Aid received in 2021-2022	\$
Child Care	\$	VA Benefits	\$
Medical/Dental Insurance	\$	Housing, Food and Other Living Allowances	\$
Other:	\$	*Other: explain below	\$
Other (specify)	\$	TOTAL INCOME FOR 2021	\$
TOTAL EXPENSES FOR 2021	\$		

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>2019</b>	<b>Yes</b>	<b>No</b>	<b>Mother</b>	<b>Father</b>	<b>Stepparent</b>	<b>Person you currently reside with</b>
<b>2020</b>	<b>Yes</b>	<b>No</b>	<b>Mother</b>	<b>Father</b>	<b>Stepparent</b>	<b>Person you currently reside with</b>
<b>2021</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

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<b>Student Name:</b>		<b>UHV ID:</b>	
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**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 2023-2024 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:

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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.

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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/Cell Phone:	
Address:		Work Phone:	
City, State & Zip Code		Best time to be contacted:	

### Financial Aid Office USE ONLY

Comments

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

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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/Cell Phone:	
Address:		Work Phone:	
City, State & Zip Code		Best time to be contacted:	

**Financial Aid Office USE ONLY**

Comments	Date _____ OFA Initials _____