

**FINANCIAL AID OFFICE  
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT  
DEPENDENCY STATUS CHANGE REQUEST**

Many students consider themselves self-supporting because they do not receive financial support from their parents and/or do not live in their parent's home. A student may even qualify as "self-supporting" for income tax purposes, but the US Department of Education uses stricter rules for financial aid purposes. The [Free Application for Federal Student Aid](#) (FAFSA) requires an applicant to include parent information unless one or more of the following criteria is met.

1. Age 24 by January 1 of the financial aid award year
2. Veteran of the U.S. Armed Forces
3. Enrolled in Masters/Doctorate program
4. Married prior to signing and filing the FAFSA
5. Orphan or ward of the court
6. Support legal dependents other than a spouse

If you do not meet one of these six conditions, you must complete the [FAFSA](#) as a dependent student and include parent information. If your parents are divorced and your custodial parent has remarried, your stepparent's information must be included as well.

Within the DCCCD, the only exceptions to the dependency rules are those rare instances where it can be proven that there has been a "total breakdown" in the student-parent relationship. Examples of "total breakdown" include parental abandonment, or the removal of the student from the home due to an abusive environment. If you believe that you have experienced a total break in the relationship with your parent, you must provide the following items to the [Financial Aid Office](#).

1. Completed "*Student Statement for Dependency Change*"
2. Completed "*Dependency Change Personal Data*"
3. Copies of student federal income tax returns for the previous two years
4. A completed [FAFSA Worksheet](#), or Student Aid Report
5. Two completed "*Dependency Change References*"

Students who submit all of the required items will be notified by mail or e-mail when a decision regarding dependency status is reached. **Submitted statements should be typed. Incomplete requests will not be processed.**

**CAUTION:** Completing the FAFSA incorrectly can seriously delay the processing of your application. If you have questions regarding your dependency status, contact the [Financial Aid Office](#).



**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT  
FINANCIAL AID OFFICE  
DEPENDENCY CHANGE PERSONAL DATA**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please type or clearly print the required information:**

1. Father's Name: \_\_\_\_\_

Father's Street Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Mother's Name: \_\_\_\_\_

Mother's Street Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Enter month/year that you last lived with:            Father: \_\_\_\_\_ Mother: \_\_\_\_\_

4. Enter month/year you last received support from: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

5. Explain how you supported yourself after independence from your parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Beginning with the year that parental support stopped, please provide your information.**

YEAR	2005	2006	2007	ESTIMATE-2008
<b>Income/Wages</b>				
<b>Savings</b>				
<b>Benefits (Social Security, Child Support, AFDC, Unemployment, Food Stamps)</b>				
<b>Financial Aid Received</b>				
<b>Room/Board provided by others</b>				
<b>Other (explain)</b>				

**By my signature, I certify that the information provided on this statement is true and complete.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*"Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, national origin, religion, sex, disability or sexual orientation."*

