Dependency Petition Deadlines (due by Noon) on the dates below or by your last day of attendance for the semester, whichever comes first.

Fall 2022 11/17/2022 Spring 2023 05/04/2023 Summer 2023 06/22/2023

Student Name:_



LDEPPE

2022-2023 DEPENDENCY PETITION (LDEPPE-#27)

Student ID:

Pho	one Number:		_ Email:	
cos aid De	st of students. If you are eligibility is determined	considered a dependent by using parent income	nas primary responsibility for meeting the edu t student according to the financial aid definition and asset information in addition to your information and signatures to be co	on, your rmation.
the			rou as an exemption; or if you supported your t communicate with them, or if it is difficult to	
Exa asy in o	amples may include phy lees, incarcerated parer letail and [attach all do	rsically abusive relations ats, etc. If you have simi	students cannot obtain parental information. hips, former wards of the court, refugees, policilar exceptional circumstances, please describour circumstances]. In your petition you shout following.	itical e these
PL	EASE SUBMIT EACH O	F THE FOLLOWING IN	YOUR DETAILED STATEMENT: (PLEASE CHECK I	EACH)
On	a separate piece of pa	per , in paragraph forma	t, please answer all of the following questions	:
1.		ne(s) and location of your marital status or gender	r parent(s). Include information on both parent.	nt 1 and
2.	Describe the last tin the nature of the conta		had contact with your parent(s). When, when	re, and
3.	Explain why you ca	nnot obtain parental inf	ormation please be clear & specific.	
4.		ave been self-supporting ort and ii) how have you	g; i) when did you start meeting your expenses provided for yourself?	3
<u>IN</u>	ADDITION, PLEASE PR	OVIDE THE FOLLOWI	NG: (PLEASE CHECK EACH SUBMITTED)	
5.	☐ Attach documenta	tion such as; Verification	n Worksheet for Independent Students (requir	r ed),
	2021 IRS Tax Tran	script (required if filed)	, 2021 W-2's (required if employed) etc.	
6.	professional individual other professional who their perspective as with a substitution of their perspective as with a substitution of their relationship full Name, Address	ls, such as a high school can confirm the unusu tnessed *. These stateme	head stationary from objective third party and I counselor, case worker, rabbi, minister, ther ual or extenuating circumstances in your fam- ents should include the following information:	apist, or ily from
7.		ng documentation such a orts, or certificate of deat	as proof of parent(s) abandonment or abuse, c th.	court
sup doc	ertify that the information become porting the information on	have provided is true and this form. I certify that any	complete to the best of my knowledge. I agree to provided are true complete or misleading information may result in a \$20,000 decrease.	opies of the
		that I have read and und true to the best of my kn	lerstand the above information and that the info	rmation
Sig	nature:	nstances first hand and can full	Date:	
* Ad				
 [] a			Date:	