

STUDENT LAST NAME	STUDENT FIRST NAME	MIDDLE INITIAL	ASU ID #
STREET ADDRESS or PO BOX			EMAIL ADDRESS
CITY	STATE	ZIP CODE	DAYTIME PHONE

Use this form to request a review of your dependency status. Dependency appeals are only approved for documented extenuating circumstances (i.e. abuse, abandonment). You must complete all questions on this form and provide all requested documentation. If any items are missing or left blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, this office may request additional information or documentation beyond the requested items below.

Note: Parent refusal to contribute to educational costs or provide income information is not, by itself, a basis for review/appeal.

SECTION A: REQUIRED DOCUMENTATION

You must submit the following documentation with this form.

- A personal statement describing your past and present relationship with BOTH of your parents.
- Two** letters describing your relationship with BOTH of your parents from third party sources (i.e. guidance counselor, teacher, clergy, police).
- A completed 2007-08 paper Free Application for Federal Student Aid (FAFSA). (If you have already submitted the 2007-08 FAFSA and you included ASU's federal school code, you do not need to complete another one.)

SECTION B: PERSONAL INFORMATION

Please answer the following questions with a check mark in the appropriate box.

	<i>Indicate response with a check mark</i>				
	Yes	No	On Campus	Off Campus	With Parents
Where did you live in 2006?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where will you live in 2007?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your parent(s) claim you as an exemption on their federal tax return in 2005?	<input type="checkbox"/>	<input type="checkbox"/>			
Will your parent(s) claim you as an exemption on their federal tax return in 2006?	<input type="checkbox"/>	<input type="checkbox"/>			
Did your parent(s) provide your health insurance for 2006?	<input type="checkbox"/>	<input type="checkbox"/>			
Will your parent(s) provide your health insurance for 2007?	<input type="checkbox"/>	<input type="checkbox"/>			
Did your parent(s) provide your auto insurance in 2006?	<input type="checkbox"/>	<input type="checkbox"/>			
Will your parent(s) provide your auto insurance in 2007?	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION C: FINANCIAL AID SUPPORT

Please answer the following question with a check mark in the appropriate box. Then, proceed to the next question.

	Yes	No
1) Did you receive financial aid in the 2006-07 academic year (Fall 2006, Spring 2007, or Summer 2007)?	<input type="checkbox"/>	<input type="checkbox"/>
2) If you answered yes to the above question, what institution(s) did you attend in the 2006-07 academic year?		

SECTION D: OTHER MEANS OF SUPPORT

On the next page, please list all income or resources you received in the 2006 calendar year and anticipate receiving in the 2007 calendar year which enabled or will enable you to meet your expenses. **This includes any earnings from work, cash support you received, in-kind support (housing/food in exchange for work) or money paid on your behalf.** Report the names (and relationship) of the person(s) who provided this income/resource. Do not include any financial aid received. If you need more space or need to clarify any resource, please attach additional pages.

2006	Type of Income/Resource	Amount	Provider	Relationship to Provider	Dates	
					From	To
	<i>Example: Earnings</i>	\$3,500	<i>The Market</i>	<i>Employer</i>	2/1/06	12/31/06

2007 ESTIMATED	Type of Income/Resource	Amount	Provider	Relationship to Provider	Dates	
					From	To
	<i>Example: cash gift for tuition</i>	\$1,500	<i>Joe Sundevil</i>	<i>Grandfather</i>	8/30/07	

SECTION E: AVERAGE MONTHLY EXPENSES

List below your current average monthly expenses. If you do not have the expense noted, or paid nothing, write "0". Do not leave any items blank. If you need more space for other types of expenses, or to explain any expenses, attach additional pages.

Expense Type	Amount of Expense PER MONTH
Rent/Mortgage	\$
Utilities	\$
Telephone	\$
Food	\$
Transportation (to include car payment & car insurance)	\$
Medical (to include health insurance)	\$
Other, list type:	\$

CERTIFICATION STATEMENT

I CERTIFY THAT THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT FALSIFYING INFORMATION OR UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS, IN THIS AND/OR FUTURE YEARS.

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY

Justification:

I

- Approved
- Denied
- Committee Review

STAFF SIGNATURE _____ DATE _____

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