



2009-10 Dependency Review Form

STUDENT FINANCIAL ASSISTANCE

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
E-MAIL ADDRESS	DAYTIME PHONE NUMBER	

SECTION B: DEPENDENCY INFORMATION & REQUIRED ACTIONS

Parent refusal to contribute to educational costs or provide income information is not, by itself, a basis for review/appeal. If any required action below is not been completed, this form will be returned to you unprocessed. If your parents refuse to complete the FAFSA and you would like to be considered for an Unsubsidized Federal Stafford Loan, you may submit a *2009-10 Request for Federal Student Loan Due to Parent Nondisclosure* form, available at students.asu.edu/forms/financial-aid.

Required Actions

1. Attach a personal statement describing your past and present relationship with **both** of your parents.
2. Attach **two** letters describing your relationship with **both** of your parents from third party sources (e.g. counselor, teacher, clergy, police, etc.).
3. Complete **all** questions on this form; do not leave blanks
4. If you haven't completed a 2009-10 FAFSA online, complete a paper FAFSA from www.federalstudentaid.ed.gov/docs/bw_English_fafsa_2009-2010.pdf and attach it to this form; **do not** mail the FAFSA to the Department of Education.

SECTION C: PERSONAL INFORMATION

LIVING ARRANGEMENTS		WITH PARENT	ON CAMPUS	OFF CAMPUS
1.	Where did you live in 2008?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Where will you live in 2009?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL SUPPORT		YES	NO
3.	Did your parent(s) claim you as an exemption on their federal tax return in 2007?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did your parent(s) claim you as an exemption on their federal tax return in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did your parent(s) provide your health insurance in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Will your parent(s) provide your health insurance in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did your parent(s) provide your auto insurance in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Will your parent(s) provide your auto insurance in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did you receive financial aid in the 2008-09 academic year (fall 2008 – summer 2009)?	<input type="checkbox"/>	<input type="checkbox"/>
10.	If you answered yes to question #9, what institution(s) did you attend in the 2008-09 academic year?		

SECTION D: INCOME & EXPENSES

Income and resources 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 relationships 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 resources, please attach additional pages.

Actual Income/Resources from January 2008 – December 2008

TYPE OF INCOME/RESOURCE	AMOUNT	PROVIDER	RELATIONSHIP OF PROVIDER	START DATE	END DATE
Example: Earnings	\$ 3,500	The Market	Employer	02/01/08	12/31/08
	\$				
	\$				

Tempe campus

PO Box 870412
Tempe, AZ 85287-0412

Student Services Building,
Second Floor

Phone (480) 965-3355
Fax (480) 965-9484

financialaid@asu.edu

Downtown Phoenix campus

411 N. Central Ave., Suite 166
Phoenix, AZ 85004-2120

University Center Building,
Suite 166

Phone (602) 496-3462
Fax (602) 496-0376

financialaid@asu.edu

Polytechnic campus

7107 E. Tiburon, #3
Mesa, AZ 85212-0180

Student Affairs Complex, Quad 3

Phone (480) 727-1041
Fax (480) 727-1630

financialaid.poly@asu.edu

West campus

PO Box 37100
Phoenix, AZ 85069-7100

University Center Building,
Room 120

Phone (602) 543-8178
Fax (602) 543-8108

financialaid.west@asu.edu

SECTION D: INCOME & EXPENSES (CONTINUED)

Estimated Income/Resources for January 2009 – December 2009

TYPE OF INCOME/RESOURCE	AMOUNT	PROVIDER	RELATIONSHIP OF PROVIDER	START DATE	END DATE
Example: Gift for tuition	\$ 1,500	Joe Sundevil	Grandfather	08/30/08	n/a
	\$				
	\$				

Average Monthly Expenses (if not applicable, write "0")

TYPE OF EXPENSE	AMOUNT OF EXPENSE PER MONTH
a. Rent/Mortgage	\$
b. Utilities (e.g. electric, water, telephone)	\$
c. Food	\$
d. Transportation (i.e. car payment & insurance, etc.)	\$
e. Medical (e.g. health insurance, prescriptions, etc.)	\$
f. Other, list type (attach additional page if more space or explanation is needed):	\$

SECTION E: ADDITIONAL INSTRUCTIONS, CERTIFICATION STATEMENT & SIGNATURE

If clarification of your situation is necessary, this office may request additional information or documentation beyond the requested items above. If this review is approved, you will receive a letter from Student Financial Assistance notifying you that your FAFSA information has been sent to the Dept. of Education. If this review is not approved, you will receive a letter notifying you to include your parent's information on the FAFSA and submit it to the Dept. of Education.

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
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SECTION F: FOR OFFICE USE ONLY

REVIEW DECISION	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Committee Review
JUSTIFICATION			
ASU FINANCIAL AID COUNSELOR SIGNATURE	DATE		