



## 2019-2020 INDEPENDENT APPEAL REQUEST

**YOU MUST USE BLACK OR BLUE INK TO COMPLETE THIS FORM**

Name \_\_\_\_\_ DMACC ID# \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City, State Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

A. The Financial Aid Office may consider **unusual circumstances** regarding dependency status for students who do not meet the independency criteria established by the U.S. Department of Education on the 2019-2020 FAFSA. Examples of unusual circumstances include:

- You have been legally removed from your parents' or legal guardians' home.
- You have a documented case of abuse by parent(s).
- Incapacity of parent(s) such as incarceration, mental or physical illness.
- You are a refugee whose parents are in another country and you are not able to locate them.
- Other extenuating circumstances that can be sufficiently documented.

If you are filing an Independent Appeal for one of these reasons, you **do not** need to complete pages 2 & 3 of this form.

B. Federal guidelines also indicate four conditions that **DO NOT** qualify as **unusual circumstances** and therefore, **cannot** be used as reasons to make a student independent.

- Parents refusing to contribute to the student's education
- Parents unwilling to provide information on the application or for verification
- Parents not claiming the student as a dependent for income tax purposes
- Student demonstrating total self-sufficiency

If these conditions apply to you, see instructions on Page 2 & 3.

**If you have unusual circumstances (Section A), please provide the following documentation:**

✓ **If you have had a prior Independent Appeal approved at DMACC because of an unusual circumstance**, provide a paragraph regarding your current circumstances as it relates to obtaining parental information. Discuss whether or not your circumstances have changed. You may be asked to provide updated documentation. If you have **not** had a prior Independent Appeal approved at DMACC, continue with the following.

- 1. Write a statement of the unusual circumstances that prohibit you from filing for financial aid using your parents' income. You need to address your relationship with **both** parents. Also include information about your current living situation and income.
- 2. Provide a letter from a professional person (counselor, teacher, caseworker, clergy) documenting the unusual circumstances or provide legal documentation. The letter must be on letterhead from the institution/business they represent.
- 3. Provide verification of earnings/resources for each of the previous two years.
  - Attach a signed copy of your 2017 and 2018 federal income tax returns (if you filed)
  - Attach W2s or paystubs if you did not file 2017 or 2018 taxes

Review of Independent Appeal can take 2-3 weeks. The FAFSA should be submitted prior to completing this form.

**All of the attached information is true and complete. I agree to provide additional information if requested.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Each student will be evaluated on an individual basis. Circumstances may warrant an exception at the discretion of the Financial Aid Director/Advisors. **Forms without requested documentation will be returned to the student. RETURN THIS FORM AND SUPPORTING DOCUMENTATION TO:** Financial Aid Office, Des Moines Area Community College, 2006 South Ankeny Blvd, Ankeny, IA 50023 Fax: 515-965-7124



**Parents Refusal to Provide Information on the FAFSA (Section B):**

**YOU MUST USE BLACK OR BLUE INK TO COMPLETE THIS FORM**

If you do not have circumstances that meet the conditions for an Independent Appeal, but you meet the following conditions, you may still be able to receive a Federal Unsubsidized Loan:

1. Parent(s) refuse to provide their information for your FAFSA application, and
2. Parent(s) no longer provide you with any financial support, and
3. Parent(s) do not claim you as a dependent on their tax return, and
4. You are supporting yourself

If you meet the above conditions you must submit:

- A signed and notarized statement from you and your parent as verification (use form on page 3).
- Signed copy of your 2018 tax return or W2(s).

A Financial Aid Advisor will review the documentation you provide and determine if you will be able to receive a Federal Unsubsidized Loan without providing parent information on your FAFSA. The Advisor may request additional information in order to make this decision.

Please note: If your appeal is approved, you will only be eligible for a Federal Unsubsidized Loan within the limits as a dependent student. You will not be eligible for any Federal Grant aid.

**RETURN THIS FORM (pages 1 – 3) AND SUPPORTING DOCUMENTATION TO:**

Financial Aid Office, Des Moines Area Community College, 2006 South Ankeny Blvd, Ankeny, IA 50023

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**Parents Refusal to Provide Information on the FAFSA (Section B)**

YOU MUST USE BLACK OR BLUE INK TO COMPLETE THIS FORM

(Note – You do not need to complete this form if you are filing an Independent Appeal for a reason other than parents refusal to provide information on the FAFSA.)

Please read and check off the statements below. **The parent signature must be notarized. Any forms not notarized will not be processed.**

**Parent(s):**

- I/We will not provide information for the Free Application for Federal Student Aid (FAFSA). I/We do not claim the student listed below as a dependent for tax purposes. I/We will not provide any cash or non-cash financial support, now or in the future, for the student listed below. My/Our support of the student stopped on \_\_\_/\_\_\_/\_\_\_ . I understand that I will not be able to provide support nor fill out a FAFSA for any future semesters.

**Student:**

- I provide my own financial support and have attached documentation (i.e. Federal Taxes, Copy of lease or rental agreement, etc.)
- I understand that I will not be considered an independent student.
- I understand that I am not a candidate for dependency override.
- I understand I am not eligible for any Federal Grants.
- I understand I am not eligible for any Federal Subsidized Loans.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID/SSN \_\_\_\_\_

By signing this form, you certify that all information reported above is complete and correct. You understand that if you purposely give false or misleading information on this form, you may be fined \$20,000, sent to prison or both.

Parent’s Name (please print) \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

If your parents are married or remarried (including step-parents) both parents must certify that the information above is complete and correct.

Other Parent’s Name (please print) \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM AND PAGE 1 ALONG WITH ANY SUPPORTING DOCUMENTATION TO:**

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