

2016-17 REQUEST FOR REVIEW OF DEPENDENCY STATUS FORM

INSTRUCTIONS

Dependency status for financial aid is established by the US Department of Education. Only extraordinary, documented circumstances beyond the control of the student may be considered. Examples of extraordinary circumstances include parent abandonment, abuse, or incarceration.

If your circumstances warrant a review, complete this form. If you cannot answer an item, explain in the comments section.

Attach the following documentation:

- Statement explaining extraordinary circumstances and how you are financially supported.
- Signed statement from a third party who has knowledge of your circumstances and can verify your statement. The third party's statement must include contact information and explain the relationship to you. Statements may be made by clergy, counselors, physicians, law enforcement officers, and social workers. Statements from other students and your parent(s) are not acceptable.
- Other documentation supporting your circumstances.

Additional documentation may be requested from you or a third party. You will be notified to your MIX e-mail of the decision within 1 week.

PART 1: STUDENT INFORMATION

Name: _____

WVUID: _____

Phone number: _____

Date of Birth: ____/____/____

PART 2: HOUSING INFORMATION

Where do/will you reside when classes are in session?

- University housing
- Rented property—attach a copy of your lease or a statement from the landlord and at least one canceled check or receipt (if available)
- With a relative other than parent—attach a statement from the relative(s) indicating any financial arrangements
- Other—specify: _____

Where do/will you reside during periods when classes are not in session: _____

Do you share some/all of your housing expenses with others?

- Yes—specify how many people: _____
- No

PART 3: INCOME INFORMATION

Did you or will you file a 2015 Federal Tax Return?

- Yes—attach a copy of your 2015 Federal Tax Return Transcript
- No—explain how you were financially supported in 2015 and who claimed you as an exemption for tax filing purposes:

Are you currently employed?

- Yes
- No

Do you receive Supplemental Nutrition Assistance Program (SNAP)?

- Yes—provide monthly amount: \$ _____
- No

Do you receive any additional sources of income?

- Yes—list sources below
- No

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

PART 4: OTHER INFORMATION

Were you able to opt out of the WVU Student Health Insurance?

- Yes—provide a copy of your health insurance card
- No

Do you own a vehicle?

- Yes—submit a copy of registration and car insurance
- No

PART 5: COMMENTS

PART 6: CERTIFICATION

The information provided above is true and accurate to the best of my knowledge. If WVU has questions concerning information provided, the best telephone or email to seek clarification is _____.

Signature: _____ **Date:** ____/____/____

RETURN FORM TO ONE OF THE FOLLOWING LOCATIONS:

Morgantown Campus
 2nd Floor Evansdale Crossing
 PO Box 6004
 Morgantown, WV 26506
 Phone: (304) 293-1988
 Fax: (304) 293-4890
 finaid@mail.wvu.edu

Health Sciences Center Campus
 Robert C. Byrd HSC
 PO Box 9810
 Morgantown, WV 26506
 Phone: (304) 293-3706
 Fax: (304) 293-6861
 hscfinaid@mail.wvu.edu

Law Campus
 College of Law
 PO Box 6130
 Morgantown, WV 26506
 Phone: (304) 293-5302
 Fax: (304) 293-6891
 lawfinaid@mail.wvu.edu

Keyser Campus
 75 Arnold Street
 Keyser, WV 26726
 Phone: (304) 788-6820
 Fax: (304) 788-6939
 psc-FinAid@mail.wvu.edu

Montgomery and Becklev Campus
 405 Fayette Pike
 Montgomery, WV 25136
 Phone: (304) 442-3228
 Fax: (304) 442-3052
 Tech-Financial-Aid@mail.wvu.edu