

## **Dependency Status Appeal 2022-2023**

Student Name:		Social Security Number: Student ID:						
				(last four	last four digits only)			
·	this form entirely a	•	quired documen	tation. Appea	ls that do not inclu	ide the required		
As of today, are yo	u 18 years of age or o	lder?		Yes	No			
Have you previous	ly appealed your depo	endency status at	ESCC?	Yes	No			
Description of De	ependency Status							
· · · · · · · · · · · · · · · · · · ·	etailed explanation of Il information on the I				nclude the reason fo	or why you are not ab		
Please note that th	ne following reasons a	re NOT appropriat	te basis for an app	eal of your dep	endency status:			
	do not claim the stud demonstrates total s	=						
arental Informati	<u>on</u>							
Vhat is your <u>father's</u>	current marital statu	s? Please circle or	ne:					
ingle Separat	ed Married	Divorced	Widowed	Unknown				
Vhat is your <u>mother</u>	<u>'s</u> current marital stat	us? Please circle o	one:					
ingle Separat	ed Married	Divorced	Widowed	Unknown				
ather's Name:			Telephone:					
ather's Address:								
Nother's Name:			Telephone:					
/lother's Address:								

**CONTINUED ON OTHER SIDE** 

## **Parental Information (continued)**

Please answer the following questions:				
Did you live with a parent during the 2022 calendar year?	es	No		
f no, when did you last live with a parent?				
Date of last contact with parent(s)				
. ,,	ES	No		
f yes, please list the approximate value of support received last year:				
Employment History				
Are you currently employed? Yes No				
f no, please describe how you meet your current living expenses:				
Supporting Documentation				
<ul> <li>Notarized letter from student detailing your situation, including wh</li> </ul>	ny parent inf	ormation cannot be provided.		
		·		
<ul> <li>If you are currently employed, please provide a letter from your en each week, and current hourly rate.</li> </ul>	nployer indic	ating the average number of hour	s that you work	
situation. <b>Examples</b> of an acceptable third-party source <b>may</b> include government agencies, medical personnel, courts, or prison administrator, etc. This person should present only the facts and deshould not take the form of a personal recommendation or request the circumstances surrounding your history and current living situal letterhead. These letters must be notarized and submitted with the	strators, hum letails consid t for financia ation. Letters	nan services agent, homeless shelt lered necessary to verify your state I aid assistance, but rather should	er ements. This only address	
<ul> <li>Legal documents that support the statements you have made regard</li> </ul>	rding vour si	tuation (court documents, death o	certificate. etc.).	
My signature certifies that the information in this appeal is true and correspond situation. I understand that purposely giving false or misleading it relates to my reporting information to the U.S. Department of Education	ng informati			
Signature	Date			
			ГОР	
OFFICE USE ONLY	;=======		====== FUK	
List of Included Items:				
Notarized letter from the student	Yes	No		
Court documents granting custody to someone other than the student's parents	Yes	No	_	
Copy of death certificate of student's parent(s)	Yes	No		
Two notarized letters confirming student's statements	Yes	No		
Independent Student Household Verification form for 2022-23	Yes	No		
Student's Federal Tax Transcript for 2020 Yes No IRS Statement of Non-filing for 20		No		
Independent Student Verification of Non-filing for tax year 2020	Yes	No		
Reviewed by Coordinator				
Initials				
Date				
Scanned and sent to Central Financial Aid				
Initials Date				