

DEPENDENT STATUS DOCUMENTATION FORM

UNIVERSITY OF VERMONT
 Student Financial Services
 221 Waterman Building
 Burlington, VT 05405
 Fax: (802) 656-4076

Student Name _____

Student ID# 95 _____

Federal law assumes that the family has the primary responsibility for meeting the educational costs of students. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, provide the following information so that a financial aid administrator may make this determination. You may be asked for additional documentation depending on your individual situation.

Attach the following information to this form:

1. Letter from you explaining: (1) the nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; (3) why you cannot obtain information and/or support from your parents and; (4) how you have been supporting yourself.
2. Statement from a responsible adult who is aware of your situation and can corroborate the facts you present in your letter.
3. Signed copies of your two most recent federal tax returns.

Please complete the following statement of your annual calendar year income and expenses:

INCOME (If any amounts are \$0, explain on a separate sheet of paper)	Current Calendar Year	Next Calendar Year
Earned income (e.g. wages, salaries, tips, work-study earnings)	\$	\$
Financial support received from parents	\$	\$
Monetary value of other support (e.g. health insurance, room & board) received from parents	\$	\$
Monetary value of other support (e.g. room & board) from persons other than parents (indicate source):	\$	\$
Amount of other annual income (indicate source)	\$	\$
Total	\$	\$
EXPENSES (if any amounts are zero, please explain on separate sheet)	\$	\$
Housing	\$	\$
Food	\$	\$
Transportation (e.g. car payments, insurance, gas, maintenance)	\$	\$
Utilities	\$	\$
Child care and/or dependent care	\$	\$
Personal (e.g. clothing, entertainment)	\$	\$
Other (indicate source)	\$	\$
Total	\$	\$

I certify that the information provided is true and correct.

 Student Signature

 Date