

2020-2021 DEPENDENCY REVIEW

STUDENT NAME

UMass Global ID NUMBER

This form is to request a review of extenuating circumstances regarding your dependency status. You must complete all questions on this form. The Financial Aid Office may request additional information/documents for consideration of your review. Please complete a 2020-2021 Free Application for Federal Student Aid (FAFSA) prior to submitting this form.

Circumstances that alone or in combination, do not warrant a dependency override:

1. Parent refusal to contribute to educational costs
2. Parent unwillingness to provide information on the FAFSA or for verification
3. Parent(s) do not claim the student as a dependent for federal income tax purposes
4. Student demonstration of total self-sufficiency

Include all of the following documents with this form:

- ☐ **Third party documentation:** A third party who knows your situation and can attest to your unusual circumstances, such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court. A signed letter on letterhead or an official document such as a court order is required. Letters should include contact information. Letters from family members, girlfriend/boyfriend or friend are not sufficient.
- ☐ A typed, detailed letter describing your unusual circumstances and relationship with your parent(s) along with supporting documents.
- ☐ A copy of your signed 2018 federal tax transcript or if you are a non-filer provide 2018 W-2s. Alternatively, you may use the IRS Data Retrieval Tool on the FAFSA application.

Please answer the following questions:

Where will you live in 2020?

- ☐ off campus ☐ with parent(s)

Did your parent(s) claim you on their federal tax return in 2018 or 2019?

- ☐ yes ☐ no

Will your parent(s) claim you on their federal tax return in 2020?

- ☐ yes ☐ no

Did your parent(s) provide your health insurance for 2018 or 2019?

- ☐ yes ☐ no

Will your parent(s) provide your health insurance for 2020?

- ☐ yes ☐ no

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PURPOSEFULLY GIVING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL AND REFERRAL TO THE U.S. DEPARTMENT OF EDUCATION. I UNDERSTAND THAT IF MY APPEAL IS APPROVED, I MUST SUBMIT A STATEMENT EACH SUBSEQUENT YEAR CONFIRMING THAT THE DOCUMENTED ADVERSE FAMILY CIRCUMSTANCES STILL EXIST.

STUDENT SIGNATURE

DATE

Submit completed form and all supporting documents via the student portal OR
Fax: 866-659-1147 **Mail:** UMass Global, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA 92618