Appeal Form for Review of Dependency Status 2019-2020

The Office of Financial Aid at Old Dominion University may consider students to be independent only in extenuating circumstances. If your situation is different from the conditions listed below, please attach a separate sheet explaining your circumstances along with supporting documentation. Please note, extenuating circumstances do not include financial hardship, a parent’s unwillingness to provide financial support, parents not claiming the student as a dependent for income tax purposes or a student demonstrating total self-sufficiency. Appeals will not be accepted after February 28, 2020. Please read the following steps:

1. Attach the requested documentation and return it with this form to the Financial Aid Office. You may also fax to 757-683-5920.
2. Please allow 2 weeks for review and processing.

Please print clearly:

Name ___________________________ Student UIN __________________
Street Address ____________________________________________ ODU Email __________________
City, State, Zip ____________________________________________ Phone __________________

Please check one of the following circumstances and provide the information requested:

_____Circumstance #1:
You come from an unusual family situation. The dysfunction is a result of physical or emotional abuse, drug or alcohol abuse or other untenable situations that make it impossible for you to live with and be supported by your parent (s).

Attach a signed statement from EACH of the following individuals providing an explanation of the situation. Also attach any other documentation from police or court records as needed.

1. Signed statement from you detailing your special circumstances, which includes a thorough description of the events that caused the separation from your parent (s), how you support yourself now and how you will support yourself in the future.
2. Signed statement on letterhead from a professional third party (not a relative) who have direct knowledge of your situation (example: social worker, physician, counselor, minister, teacher, government agency, etc.)
3. Statement from a friend or family member.

_____Circumstance #2:
Your custodial parent has died and you have no contact or do not know the whereabouts of the other birth parent.

1. Signed statement from you detailing your special circumstances, which includes a thorough description of the events that caused the separation from your parent (s), how you support yourself now and how you will support yourself in the future.
2. Attach death certificate of the deceased birth parent,
3. Attach a letter from an objective third party which supports your claim that you have not had any significant relationship with the other parent.

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Old Dominion University is an equal opportunity, affirmative action institution. Minorities, women, veterans, and individuals with disabilities are strongly encouraged to apply.
Circumstance #3:
You are under 24, divorced with no dependents.

1. Attach a copy of your divorce decree.
2. Attach signed copies of your federal tax returns and your parents’ federal tax returns for the past aid year or a notarized statement from parents confirming you were not claimed as a dependent on their tax return.

When did you last live with your parents for at least 30 consecutive days?
Month _______ Year______

Did your parents provide any support to you in the following years?
2019 _____Yes _____No  If yes, amount of support $________
2018 _____Yes _____No  If yes, amount of support $________

Circumstance #4:
Your custodial parent is incarcerated. The other biological parent of legally adoptive parent is living but you have no contact or do not know their whereabouts.

1. Signed statement from you detailing your special circumstances, which includes a thorough description of the events that caused the separation from your parent(s), how you support yourself now and how you will support yourself in the future.
2. Signed statement on letterhead from a professional third party (not a relative) who have direct knowledge of your situation (example: social worker, physician, counselor, minister, teacher, government agency, etc.)

I certify that all of the information provided is true, complete and accurate to the best of my knowledge. I agree to provide additional documentation if requested. I understand that by signing this form I certify that all of the information reported is true and accurate to the best of my knowledge. I understand if my appeal is approved, I must submit an appeal documenting the extenuating circumstances for each subsequent year I wish to receive financial aid.

Student Signature___________________________________________________________ Date __________________

All required documents must be submitted with this form. Incomplete appeals will not be considered.

Office Use Only
Committee’s Decision
☐ Approved
☐ Denied

Committee signature(s)
______________________________________________________________________________
______________________________________________________________________________
Comments_________________________________________________________________________ __________________________
__________________________________________________________________________________ __________________________
Date _____________________________

Apologies for any inconvenience caused.