



WESTERN MICHIGAN UNIVERSITY

STUDENT NAME: _____

WIN: _____

DAYTIME PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WMU Student Financial Aid

1903 W Michigan Ave

Kalamazoo MI 49008-5337

(269) 387-6000

finaid-info@wmich.edu

DEPENDENCY OVERRIDE APPEAL

Appeal is for: ____ summer II ____ fall ____ spring ____ summer I Year: _____

You are automatically considered to be independent and do not need to submit this form if you are able to answer "yes" to any of the questions in Section 2 of the online FAFSA or Step 3 of the paper FAFSA.

Proving self-sufficiency and/or living on your own are not adequate reasons for changing the dependency status and will not be considered as an appealable circumstance. However, if there is an unintentional, involuntary, and uncontrollable break in the relationship between parents and student, WMU may be able to consider you an independent student. To make that determination we will need a detailed written explanation and supporting documentation that must be received in our office at least **30 days** prior to your last date of enrollment for the current academic year.

Financial Services Specialists will review your appeal based on the documentation submitted and notify you of the results.

APPEALS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE RETURNED TO YOU AS DENIED.

____ **1. Your custodial parent has died and the other natural parent is still living. You, however, have neither had contact with nor received any financial support from the living parent for a significant period of time.**

Required Documentation:

- Letter from you explaining the situation in detail.
- A copy of the death certificate for the deceased custodial parent.
- A letter from an objective third party which supports your claim that you have neither lived with nor received financial support from the noncustodial parent for a significant period of time.

____ **2. Your family situation is untenable. The dysfunction may result from physical abuse, emotional abuse or drug/alcohol abuse. In many cases, a professional counselor has recommended you to live apart from your parent(s).**

Required Documentation:

- A letter (on official letterhead) explaining the situation in detail from a minister, social worker, psychologist, high school counselor, teacher, doctor or another counseling professional.
- A letter from you explaining the situation in detail.
- One or more of the following:
 - A letter from someone other than a relative or a friend (i.e. the parents of a friend of the student, a neighbor, an employer).
 - Police or court reports.
 - Documentation from a social agency.

____ **3. You are an unaccompanied homeless student.**

Required Documentation:

- A letter from you explaining your situation in detail – including clarification of why you consider yourself homeless.
- One or more of the following:
 - Documentation of where you are living on a temporary basis.
 - A letter from an objective party that explains and confirms your homeless status.

4. You became married after completing the FAFSA, which was filed as dependent status.

Required Documentation:

- A letter from you explaining your situation in detail - including how a dependency status change will affect your eligibility.
- Copy of marriage certificate.
- A copy of YOU AND YOUR SPOUSE'S 2017 FEDERAL TAX RETURN TRANSCRIPT. To order a transcript, go online to www.irs.gov/individuals/get-transcript.

Please answer the following questions:

1) Number of Household Members. Include:

- Yourself and your spouse.
- Your children or your spouse's children if you are married, if you will provide more than half of the children's support from July 1, 2019 through June 30, 2020, even if a child does not live with you.
- Other people if they now live with you and you provide more than half of their support, and will continue to provide more than half of that person's support through June 30, 2020.

Number in college: Include in the space below, information about any household member who is, or will be enrolled at least half-time in a degree, diploma or certificate program at an eligible post secondary educational institution anytime between July 1, 2019 through June 30, 2020. Include the name of the college.

FULL NAME	AGE	RELATIONSHIP	COLLEGE	ENROLLED AT LEAST HALF-TIME?
		self	Western Michigan University	

2) As of today, what is the total current balance of your cash, savings, and checking accounts? (Do not include student financial aid)

STUDENT: _____ SPOUSE: _____

3) As of today, what is the net worth of your investments, including real estate (not your home)? (Net worth means current value minus debt).

STUDENT: _____ SPOUSE: _____

4) As of today, what is the net worth of your current businesses and/or investment farms?

STUDENT: _____ SPOUSE: _____

5. You will be giving birth to a child during the academic year.

Required Documentation:

- Birth certificate or letter from your physician (on official letterhead) stating anticipated date of birth.
- Signed personal statement and documentation showing the following:
 - Estimate of monthly support* YOU will provide.
 - Amount of monthly support* OTHERS (i.e. family members, friends, other parent, state agency, etc.).
 - Living arrangements for yourself and your child.
 - Details of child care while you will be attending classes, including cost (if any).

**Support includes but is not limited to: food, housing, clothing, medical and dental care/insurance, child support, child care, education, transportation, recreation, etc.*

STUDENT NAME: _____ WIN: _____

____ 6. Other unusual circumstances.

Required Documentation:

- A detailed written explanation of situation.
- Substantiating documentation of all unusual circumstances.

STUDENT CERTIFICATION STATEMENT: By signing this worksheet, I certify that all the information reported in it is complete and correct. I further understand that purposely giving false or misleading information regarding eligibility for federal or state aid may result in fines, jail terms or both. I certify I will provide any additional documentation required.

STUDENT SIGNATURE: _____ DATE: _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.