

INDIANA UNIVERSITY SOUTHEAST DEPENDENCY STATUS APPEAL FORM
2005-2006

To complete an appeal, answer all of the questions below, attach the requested documents, complete the certification section at the bottom, and return the material to the OFFICE OF STUDENT FINANCIAL ASSISTANCE.

Student's Name _____ Social Security Number _____

I. GENERAL INFORMATION REQUIRED

1. **Attach** a letter describing:
 - The circumstances you feel we should consider in your case.
 - Your relationship with each of your parents, including how often you have contact with them.
 - How you have been financially supported in the last two years.
 - Who you lived with in the last two years (parents, relatives, etc.)
2. **Attach** statements from at least two individuals who are familiar with your situation. These statements should include information on how the individual is aware of your situation and their relationship to you.

II. 2004 CALENDAR YEAR INFORMATION

1. **Attach** a copy of your parents' 2004 Federal Tax Return. If your parents are divorced or filed separately, attach returns from both parents. If tax returns are unavailable, check here _____ and attach a letter of explanation.
2. **Attach** a copy of your 2004 Federal Tax Return. If a tax return is not available, check here _____ and attach a letter of explanation. You will be required to provide a copy of your tax return or statement of non-filing before any aid will be disbursed.
3. **Attach** a summary of any 2004 sources of income not listed on your tax return.
4. **Attach** a summary (and copies of receipts for bills, if available) showing your monthly expenses in 2004.
5. Did you live with your parents at any time in 2004? If yes, give the dates _____ to _____.
6. Indicate the amount of financial support you received from your parents between 1/1/04 and 12/31/04.
\$ _____.

III. 2004 CALENDAR YEAR INFORMATION.

1. Do your parents intend to claim you on their 2004 Federal Tax Return? _____ YES _____ NO.
2. **Attach** a Summary, listing the source(s) and amount(s) of your estimated total income for the period from 1/1/05 to 12/31/05. \$ _____.
3. **Attach** a summary of your estimated monthly expenses (tuition/fees, rent, food, utilities, books, transportation, medical expenses, etc.) for the period of 1/1/05 to 12/31/05.
4. Will you reside with your parents at any time between 1/1/05 and 12/31/05? If yes, give dates.
From _____ to _____.
5. Indicate the total amount of financial support you will receive from your parents between 1/1/05 and 12/31/05.
\$ _____.

IV. I certify that all of the above information is true and correct.

Student Signature _____

Date _____

Return to the Office of Student Financial Assistance, Indiana University Southeast, 4201 Grant Line Road, New Albany, IN 47150