The U. S. Congress and the Department of Education determine the criteria for whether a student is considered dependent or independent of their parents for financial aid purposes. Generally, how the applicant responds to the questions on Step 3 on the FAFSA determines their dependency status. If you were unable to answer yes to any of the questions on Step 3 of the FAFSA, but feel there are extenuating circumstances which might warrant you being considered independent of your parents, you must explain those circumstances in a petition to your Financial Aid Advisor.

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION**

The basic underlying premise of student financial aid is that it is primarily the responsibility of the student and their family to pay educational costs. When family resources are insufficient, financial aid may be awarded to supplement the resources of the student’s family to help pay educational expenses. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay part of your college costs. Only very extenuating circumstances (i.e. abuse, alcohol or drug abuse, etc.) that can be documented by an objective third party (i.e. high school or college counselor, social service agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.) will make it reasonable to approve such a petition.

The following examples will NOT make you independent:

1. Student having sufficient resources to pay for your own expenses
2. Parents refusing to provide necessary information to complete FAFSA
3. Parents not claiming student as a dependent for income tax purposes
4. Parents refusing to financially contribute to the student’s education.

Additionally, for your petition to be considered:

1. You must not have been claimed as a tax exemption by any parent/stepparent in 2015.
2. You will not be claimed as a tax exemption by any parent/stepparent for 2016.
3. You must not have lived with your parent(s)/stepparent(s) during 2016 or plan to at any time during 2017.

Before the Office of Student Financial Assistance can consider any changes regarding dependency status, you must provide us with all of the following documentation. Incomplete applications will not be considered.

1. A letter detailing the special circumstances that are reason you are requesting a change in your dependency status.
4. Two completed Reference forms from the following: a close relative with whom you are not presently living with, a high school counselor or teacher, a tax accountant and/or attorney, the person with whom you reside a member of your religious institution or the director of Boys’ Ranch, Children’s Home, Girls’ Town, or a similar institution.
5. Copy of your last pay check stub.
6. Documentation of where you have lived since January 2017 (e.g. signed lease agreements, housing contract, etc.).

To begin the petition process, bring your completed Petition for Independent Status and all supporting documentation to the Office of Student Financial Assistance. DO NOT LEAVE ANY BLANKS. Forms submitted with fields left blank and incomplete applications will be returned as incomplete. Please allow 3 - 4 weeks for processing.

**Mail the completed application and supporting documents to:**

Texas A&M University-Corpus Christi
Office of Student Financial Assistance
6300 Ocean Drive, Unit 5772
Corpus Christi TX 78412-5772
361-825-6095 FAX
Name ___________________________ Student ID A ___________________________

Phone No. ___________________________

Part I. Please attach a letter detailing the special circumstances that are reason you are requesting a change in your dependency status. You must describe your current relationship (even if it is non-existent) with your father and mother. You will also need to provide the date and place of your last contact with your parent(s) and how you have been supporting yourself.

Part II. Complete the table below by selecting the applicable box.

<table>
<thead>
<tr>
<th>Living Arrangements</th>
<th>With Parent</th>
<th>On Campus</th>
<th>Off Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where did you live in 2016?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Where will you live in 2017?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Financial Support

<table>
<thead>
<tr>
<th>Financial Support</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your parent(s) claim you as an exemption on their 2015 federal tax return?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Will your parent(s) claim you as an exemption on their 2016 federal tax return?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did your parent(s) provide your health insurance in 2016?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Will your parent(s) provide your health insurance in 2017?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did your parent(s) provide your car insurance in 2016?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Will your parent(s) provide your car insurance in 2017?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Part II. Complete the following budget based on average monthly figures for the period of January 1, through December 31, 2017. DO NOT LEAVE ANY BLANKS. USE ZERO OR NA.

<table>
<thead>
<tr>
<th>INCOME SOURCE</th>
<th>MONTHLY INCOME</th>
<th>EXPENSES</th>
<th>MONTHLY EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from Work</td>
<td>$</td>
<td>Rent/Housing</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Housing Assistance</td>
<td></td>
<td>Utilities &amp; Telephone</td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td></td>
<td>Car Payment</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td>Car &amp; Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Financial Aid</td>
<td></td>
<td>Other Personal Expenses</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>TOTAL</td>
<td>$</td>
</tr>
</tbody>
</table>

Part IV. Complete the table below. DO NOT LEAVE ANY BLANKS. USE ZERO OR NA.

<table>
<thead>
<tr>
<th>STUDENT ASSETS</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current balance of cash, savings, and checking</td>
<td>$</td>
</tr>
<tr>
<td>Current net worth of investments, including real estate (but not your home)</td>
<td>$</td>
</tr>
<tr>
<td>Current net worth of business and/or investment farm</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income (including any child support received)</td>
<td>$</td>
</tr>
</tbody>
</table>

I hereby certify that the information I have submitted is true and correct. **Warning:** If you purposely give false or misleading information on this application, you may be fined, sentenced to jail, or both.

Signature ___________________________ Date ___________________________
Applicant’s Name __________________________ Student ID A __________________________

1. How long have you known the applicant? __________________________________________

2. What is your relationship to the applicant? ______________________________________

3. Provide a detailed statement explaining your view of the applicant’s unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant’s relationship with his/her parents, why it would be unreasonable to assess the parent’s ability to contribute to the applicant’s education, and any additional information which will distinguish the applicant’s situation as out of the ordinary. You may use the back of this form if needed for additional space.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I certify all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name (please print) ____________________________________________________________

Address _____________________________________________________________________

Telephone No __________________________________ Best time to be reached __________

Signature _____________________________ Date _________________________________
Applicant’s Name ________________________ Student ID A__________________________

1. How long have you known the applicant?__________________________________________

2. What is your relationship to the applicant?_________________________________________

3. Provide a detailed statement explaining your view of the applicant’s unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant’s relationship with his/her parents, why it would be unreasonable to assess the parent’s ability to contribute to the applicant’s education, and any additional information which will distinguish the applicant’s situation as out of the ordinary. You may use the back of this form if needed for additional space.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I certify all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name (please print) __________________________________________________________________

Address ___________________________________________________________________________

Telephone No ___________________ Best time to be reached ______________________________

Signature ___________________________ Date __________________________