

DELAWARE VALLEY UNIVERSITY
2023-2024
Dependency Status Appeal Form

Student's Name: _____ Student ID# _____

1. Explain, in detail, the reason for your appeal. Include history of all pertinent facts, with regard to your living arrangements, financial situation, and employment conditions. Please be specific about important facts and include dates when situations occurred. (Attach an additional sheet of paper if necessary) It is up to the Financial Aid officer's professional judgement to determine whether or not a student should be granted independent status. By signing this form, the student is certifying that all information on this form is true and correct.
2. If you are appealing the dependency status based on having a dependent child please provide the details regarding the support of the dependent child in prior years and for the year you are appealing your status – 2022-23 academic year. The Department of Education states the student must provide at least half of the support of the dependent child during the school year in which the student is applying for financial aid.

Please be assured all information collected during an appeal status is held in the strictest confidence by the office of financial aid.

Signature of Student

Date

Student's Name: _____ Student ID# _____

3. Explain in detail, the expenses you incurred during the calendar year 2022. List the type of expense (for example: room and board, utilities, transportation, etc) and the yearly amount paid on your own. Do not write in monthly amounts. (attach additional sheet of paper if necessary). Explain in detail any financial support given to a dependent.

Signature of Student

Date

Include a copy of each of your Federal Income Tax Return Transcripts for 2021 and 2022. **Please make sure to write your name and Student ID # on all transcripts.**

Federal Income Tax Return Transcripts can be obtained at <http://www.irs.gov/individuals/Get-Transcript>.

4. Provide your income and resources:

Type	Source	Amount 2021	Amount 2022
_____	_____	_____	_____

Earnings (such as wages, salaries, tips, interest income, dividend income and other taxable income like alimony, business/farm, etc.):

Type	Source	Amount 2021	Amount 2022
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Benefits (such as veterans' benefits, social security, welfare, unemployment and any student financial aid you received.) You may also include money and or personal loans you received from friends or relatives except your parents:

Type	Source	Amount 2021	Amount 2022
_____	_____	_____	_____
_____	_____	_____	_____

Non-Cash Support (include the cash value of housing, food and other living allowances paid on your behalf):

2022	Type	Source	Amount 2021	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Savings and Other Assets: (include savings accounts, trust funds, certificates of deposit, money market funds, stocks, bonds, and other securities):

Type	Source	Amount 2021	Amount 2022
_____	_____	_____	_____
_____	_____	_____	_____

- Obtain two supporting statements supporting your request. One supporting statement must be from a third-party professional on their letterhead, (i.e. case-worker, counselor, clergyman, psychologist, etc.) familiar with your situation. The supporting statements should explain, in detail, the third-party professional's relationship to the student, and provide a statement supporting the student's claim to be independent of parental support. Other supporting statement should also explain the relationship to the student and support the claim to be independent of parental support. Supporting statements should attest to the financial support of dependents and any extenuating circumstances that should be considered for this appeal.

Return All Required Information To:

Office of Financial Aid
 Delaware Valley University
 700 East Butler Avenue
 Doylestown, PA 18901
 Phone: 215-489-2272
 Fax: 215-489-4959
 finaid@delval.edu

For Office of Financial Aid Use Only

FFA Override: Granted_____ Denied_____

Reason for Denial_____

FAA Signature_____ Date_____