

ANGELINA COLLEGE FINANCIAL AID OFFICE  
SPECIAL CIRCUMSTANCES STATUS CHANGE FORM  
2024 – 2025

STUDENT NAME \_\_\_\_\_ SSN \_\_\_\_\_

**You have indicated that you have special circumstances which keep you from being able to provide information about your parents and their financial status on your FAFSA.**

Parent(s) unwillingness to contribute to your education expenses cannot be used to justify a special circumstance. Below are the Dept. of Education's guidelines used in determining dependency status. **None of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:**

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the application or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrated total self-sufficiency

**Special circumstances do include an abusive family environment or abandonment by parents (court/CPS/other legal documentation must be provided)**

1. Why are you requesting a dependency override? (you must describe the parental abandonment or abuse, and should provide supporting documents)

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2. If you reside with someone, please provide the following information about that person:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Length of Residency \_\_\_\_\_

3. Please indicate the amount and the source of your annual income for 2022 and 2023 (wages, monetary gifts from person(s) other than your parents, interest income)

2022 \$ \_\_\_\_\_

2023 \$ \_\_\_\_\_

4. Please complete the following statement of your annual calendar expenses (Jan – Dec):

Expenses	2022	2023
Housing		
Food		
Utilities		
Transportation (including car payments and insurance)		
Child care		
Personal Expenses		
Other		
Total		

**5. Please attach documentation/letters/statements supporting your request for a status change. Examples may include letters from counselors, court documents, death certificate(s), notarized statement from the person(s) with whom you live.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_ I have reviewed the information provided, and determined that this student has provided sufficient documentation to support his/her request for special circumstances.

\_\_\_\_\_ This student has not provided sufficient documentation to support his/her request for special circumstances. Further documentation requested from the student includes: \_\_\_\_\_

Financial Aid Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_