

PURPOSE

This form is used to determine extraordinary circumstances that warrant the reevaluation of your dependency status. In order to be considered an exception to federal regulations your appeal must be detailed and accurate, providing government auditors with sound documentation.

BASIC INFORMATION

Student Name _____ Biola ID# _____
 Social Security # _____ Phone # _____ Date of Birth _____

Permanent Address (Include APT. #) _____
 City (& country if not in U.S.) _____ State _____ Zip Code _____

- Where do you currently live? with parents with relatives on campus off campus
 - Last date you lived at home with your parents? _____
 - If off campus, how much rent do you pay monthly? _____
- When was the last tax year your parents claimed you as a tax exemption on their federal tax return? _____
- Has anyone, other than your parents, claimed you as a tax exemption for any of the above mentioned years? YES NO
 If YES, who and for which year(s)? _____
- Who pays for your medical insurance? _____
- Who pays for your auto insurance? . . . _____

SUPPORTING DOCUMENTATION

Please attach the following documentation to this form.

- Describe the circumstances of your independence from your parents on a separate full sheet of paper. Be sure to include information as to how you have supported yourself financially for at least the past two years.
- Attach copies of your federal tax forms for the last two filing years. If a tax return was not filed, you must provide documentation for any income or resources you received (except financial aid), such as W-2 forms or a statement from the employer if payment from the employer was received "in kind" or in cash.
- You must document your extraordinary circumstances with the following:
 - At least two signed statements from a school or responsible community person such as a teacher, minister, social worker or doctor. Each letter must indicate the writer's professional position, address, daytime number, and relationship to you.
 - One signed statement from a family member (excluding parents) or close family friend who is intimately aware of the extraordinary circumstances.

SIGNATURE

 **PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

I hereby affirm that all information on this form and any attachments hereto are true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the filer to a fine or imprisonment or both, under provisions of the United States Criminal Code.

Student Signature _____ (Required of all applicants) _____ Date _____