# **Financial Aid Office**

1032 West Sheridan Road Sullivan Center Room 190 Chicago, Illinois 60660 Phone: 773.508.7704 Scan completed form and upload to https://forms.luc.edu/faoupload



Preparing people to lead extraordinary lives

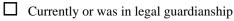
## 2024–2025 Dependency Appeal

Student Name:	Loyola ID:
(Please print)	(Your 11-digit Loyola ID number begins 0000)

A student can be considered independent for financial aid purposes by meeting certain criteria. Please review the criteria below, noting any that apply to your situation. After review, the Financial Aid Office may request additional information or documentation. Are you:

A dependent or ward of court since turning age 13

Currently or was an emancipated minor



Homeless or at risk of being homeless

□ In foster care since turning age 13

If you checked any items above, you do not need to complete this appeal. Submit the "Dependency Status Verification" form instead.

If you do not meet the requirements to be considered an independent student on the FAFSA, but believe your particular family circumstances warrant further evaluation, please complete the rest of this form.

## The following documentation must be submitted before we can review your appeal:

- 1. Detailed letter explaining your family circumstances (use attached form). Attach copies of any police or custody reports or similar materials to support your appeal. Information will be kept confidential.
- 2. Two detailed letters from sources **outside your family** familiar with your family circumstances. The sources *must* be a teacher, minister, lawyer, physician, counselor or other professional who is willing to verify your circumstances upon request. Use the attached forms and have each person respond to the questions on the form.

### Answer the following questions:

1.	What is the most recent date you lived with or received support from your parents?_ (Support includes: cash, housing, food, gifts, medical insurance, loans, college costs, etc.)		
2.	Did or will your parent(s) claim you as a tax exemption in 2022 or 2023?	Yes	No
3.	Were you, or will you be, claimed as a tax exemption by <u>anyone</u> in 2023 or 2024?	Yes	No
	If yes, who? Relationship to you		
4.	. Have you submitted a 2024-2025 Free Application for Federal Student Aid (FAFSA)? Yes _No		No
5.	I was approved for a Dependency Appeal in 2023-2024	Yes	No

# If a Dependency Appeal was approved at Loyola in 2023-2024, complete page 1 and sign page 2 only if your circumstances have not changed.

Student Name:	Loyola ID:
(Please print)	(Your 11-digit Loyola ID number begins 0000)

#### **Verification of Current Living Arrangements**

- \_\_\_\_\_ I have attached a copy of my current lease or rental arrangement.
- I do not have a current lease or rental agreement for my place of residence. However, I am providing a signed statement from my current landlord/roommate verifying my tenancy include the following information: 1) address of residence 2) first date of tenancy 3) monthly amount of rent paid.

**Explain why you believe you should be considered independent.** Your explanation should include information about your relationship with your parents since you were 16 years old. You must indicate where you have been living for the past two years, and include how you have been supporting yourself. You may attach additional sheets to fully explain your circumstances.

I affirm the foregoing is true and correct to the best of my knowledge. I agree to supply additional documentation to the Loyola University Chicago Financial Aid Office, if requested.

Student Signature\*:

Date:

\*Typed and digital signatures are not acceptable

(Please print)

Loyola ID: \_\_\_\_

(Your 11-digit Loyola ID number begins 0000)

I grant the person signing this form permission to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning my circumstances.

Student Signature\*:

### SOURCE 1

Explain why you feel this student should be considered independent. Please feel free to attach additional pages.

I am familiar with the above named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning this student's circumstances.

Signature*:	Date:
Printed Name:	Job Title:
Address:	Phone:
Relationship to Student:	
Number of Years Acquainted with Student:	
Student Name:	Loyola ID: (Your 11-digit Loyola ID number begins 0000)

I grant the person signing this form permission to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning my circumstances.

Student Signature\*:

### SOURCE 2

Explain why you feel this student should be considered as independent. Please feel free to attach additional pages.

I am familiar with the above named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning this student's circumstances.

Signature*:	Date:
Printed Name:	Job Title:
Address:	Phone:
Relationship to Student:	
Number of Years Acquainted with Student:	
*Typed and digital signatures are not acceptable	1D 2025