



Office of Financial Aid
12401 SE 320th Street | Auburn, WA 98092
253-833-9111 (2449) | FAX 253-288-3473
finaid@greenriver.edu

GREEN RIVER COLLEGE

DEPENDENCY STATUS APPEAL FORM 2017 - 2018

Student's Name _____ SS# _____

Student ID # _____ Phone # _____

Student under the age of 24, who do not meet any of the independent qualifications on the FAFSA, must provide parental information. A dependency override will NOT be approved for the following reasons: parental refusal, student no longer claimed on parental taxes, or student is self-supporting. If you have unusual circumstances, you may apply for a dependency override to be reviewed.

To request a financial aid dependency override:

Carefully complete all pages of this appeal form. Do not leave blank pages. Please complete the following steps:

1. Complete your 2017/18 FAFSA and submit without parental data
2. Include with your appeal a detailed explanation :
 - Specific circumstances regarding your inability to provide parental information
 - Location of both of your biological parents
 - Last date you had an interaction with each of them
 - Current housing status (living on own, living with family or friend, couch surfing, homeless, on-campus housing, etc.)
3. Complete the Independent Verification Worksheet and provide required tax documents.
4. Provide a supporting statement from an adult familiar with your situation (teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court)
5. **Make an appointment to see the Director of Financial Aid** when your appeal form has been completed. Bring all supporting documentation with you to the appointment.

Signed _____ Date _____

Financial Aid Use Only:

Approved / Denied

Reasons:

Updated FAFSA _____ (Date)

APPEAL FORM

Academic Year _____

STUDENT STATEMENT

Include with your appeal a detailed explanation :

- Specific circumstances regarding your inability to provide parental information
- Location of both of your biological parents
- Last date you had an interaction with each of them
- Current housing status (living on own, living with family or friend, couch surfing, homeless, on-campus housing, etc)

You may type this response on a separate page if you wish.

Supporting Statement

Provide a supporting statement from an adult familiar with your situation (teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court). You may attach a letter or documentation.

Signature _____

Relationship _____

Date _____



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2017-2018 INDEPENDENT VERIFICATION WORKSHEET

Your application was selected for review in a process called "Verification." The U.S. Department of Education requires we, the Financial Aid Office, check the accuracy of the information you provided on the Free Application for Federal Student Aid (FAFSA) under 34 CFR, Part 668. Please complete and return to the Financial Aid Office as soon as possible to avoid any delay of your financial aid award, and attach the appropriate documentation. We will compare the information on these documents and make corrections if necessary.

A: Student Information

Last Name	First Name	M.I.	Social Security Number	Student ID Number
			()	
Email			Phone Number	Date of Birth
Street Address			City	State Zip

B: Family Information

List yourself first, then all household members.

Also write the college name below for any household member that will be enrolled in a degree, diploma, or certificate program between July 1, 2017 and June 30, 2018. (Continue on a separate page if needed)

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)	
		<i>Self</i>	<i>Green River College</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

C: High School Completion Status

Please check only one box.

<input type="checkbox"/> High School Diploma
<input type="checkbox"/> GED®
<input type="checkbox"/> Home School Graduate - Attached is a transcript signed by my parent or guardian listing the secondary courses completed and documenting the successful completion of secondary school.
<input type="checkbox"/> No High School Diploma or GED®

D: Tax and Income Information

2015 IRS Tax documents (IRS Tax Return Transcript; IRS Verification of Non-filing Letter; IRS Form W-2; IRS Wage and Income Transcript-includes W-2 info.) **may be obtained through:**

- **Mail:** <https://www.irs.gov/individuals/get-transcript> delivered 5-10 calendar days; Submit Form 4506
- **Online:** <https://www.irs.gov/individuals/get-transcript> immediate delivery (PDF file)
- **Phone:** **1-800-908-9946** delivered 5-10 calendar days

IRS TAX FILER

- ☐ I used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2015 IRS income tax return information into my FAFSA, **and the GRC Financial Aid Office didn't request 2015 IRS Tax Return Transcript.**
- ☐ I am attaching my (and my spouse's) 2015 IRS Tax Return Transcript(s).
- ☐ I filed an amended 2015 Tax Return; I am attaching a Tax Return Transcript and a signed 1040X copy.

TAX FILER who filed an Income Tax Return with

Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico or the U.S. Virgin Islands

- ☐ I am attaching a signed copy of my income tax return that was filed with the relevant tax authority.

American Samoa

- ☐ I am attaching a signed copy of my tax account information that was filed with the relevant tax authority.

not mentioned above, i.e. a foreign tax authority

- ☐ I am attaching a signed copy of my **Tax Account** information that was filed with the relevant tax authority.
- ☐ I am attaching a signed copy of my Income Tax Return that was filed with the relevant tax authority **AND** documentation that the tax authority charges a fee to obtain my tax account information.

NON-TAX FILER

- ☐ I and my spouse (if married) was/were not employed and had no income earned from work in 2015, and was/were not required to file a tax return and did not file tax return for 2015.

I am attaching Confirmation of Non-filing from the IRS or other relevant taxing authority dated on or after October 1, 2016.

- ☐ I and/or my spouse (if married) was/were employed in 2015 and did not file a 2015 Tax Return **AND** was/were not required to file a Tax Return under IRS or other relevant taxing authority rules. **Please complete the following:**
- ☐ List your employers even if the employer did not issue an IRS W-2 form and income earned **AND**
 - ☐ Attach **IRS Wage and Income Transcript** or IRS form W-2 (showing each source of 2015 employment) or an equivalent document **AND**
 - ☐ Attach **Confirmation of Non-filing from IRS** or other relevant taxing authority dated on or after October 1, 2016.

Employer's Name	IRS W-2/ IRS Wage and Income Transcript	Annual Amount Earned in 2015
(Example) ABC's Auto Body Shop	Yes	\$4,500.00
Total Amount of Income Earned From Work		\$

E: Untaxed Income Information

\$	Tax-deferred pension and retirement savings plans (paid directly or withheld from
\$	Child support received for any of your children (don't include foster care or adoption payments)
\$	Housing, food, and other living allowances paid to members of the military, clergy and
\$	Veteran's noneducation Benefits , e.g., Disability, Death Pension, Dependency & Indemnity Compensation and VA Educational Work-Study allowances
\$	Untaxed Workers' Compensation
\$	Untaxed Disability Benefits
\$	Money received or paid on your behalf (e.g., bills) that are not reported elsewhere on this form; include money received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support

If your income in 2015 was less than \$6,000, please explain how your basic living expenses were covered. This may include items not required on the FAFSA such as federal veterans' education benefits, military housing, SNAP, TANF, etc.

F: Certification and Signatures

I certify that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge.

Student Name _____ **Signature** _____ **Date** _____