The Department of Education determines a student’s status as dependent or independent by the answers the student provides on certain items of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parents) are considered the primary source of support for postsecondary education.

Self-sufficiency of the student or parent’s unwillingness to financially contribute to a student’s education are not sufficient reasons for determining a student’s status as independent. However there are situations when a student may have unusual circumstances in which s/he should be considered independent. There must be a justifiable reason to excuse the parents from their financial responsibility.

The following information explains the procedure used to determine a student’s eligibility for an Independent Appeal. A Financial Aid Administrator will review the student’s appeal by examining the supporting documentation provided by the student and will either approve or deny the student’s request. The student will be notified in writing of the decision.

**PLEASE NOTE:** The Financial Aid Administrator’s decision is final and cannot be appealed to the U.S. Department of Education.

**Section I: Circumstances Given Consideration**

Parental Support was terminated due to:

1. A student’s voluntary or involuntary removal from their parent’s home due to an extreme situation that threatened the student’s health and/or safety.
2. Incapacity of parent(s) due to incarceration, mental or physical illness, or the inability of the applicant to locate the parent(s).
3. Other extenuating circumstances that can be sufficiently documented.

**Section II: Review Procedures**

1. All submitted documentation will be reviewed by the financial aid administrator.
2. An official notification of the administrator’s decision will be sent to the student along with an explanation of any further action necessary to complete his/her application for aid.
3. If the student has filed a FAFSA for the year under review, the financial aid administrator will make any necessary corrections to the FAFSA.
4. If the student has not yet filed a FAFSA for the year under review, instructions explaining how to apply will be sent to the student.

**Section III: Renewal of an Independent Appeal for Future Years**

Students who are granted an Independent Appeal will be required to renew their appeal each subsequent year. The Financial Aid Administrator will request documentation from the student regarding their current status for review.

**NOTE:** To be considered for an Independent Appeal, you must complete the second page of this form and provide the documentation required to the Office of Student Financial Aid.
Name: ___________________________________________ University ID#: __________________________

1. Did anyone claim you on their 2016 federal income tax return?
   ☐ No
   ☐ Yes-Person’s Name: ___________________________ Relationship to you: ___________________________

2. Did anyone claim you on their 2017 federal income tax return?
   ☐ No
   ☐ Yes-Person’s Name: ___________________________ Relationship to you: ___________________________

3. Have you previously been approved for an Independent Appeal at Iowa State University?
   ☐ No-You must provide the documents required under letters A, B, C.
   ☐ Yes-You must provide the documents required under letters A, C.

4. Please attach the following documentation:

   A. A personal letter explaining your request for an Independent Appeal.
      Provide as much detail as possible describing your separation from your parents. The following information is required:
      • Include the last contact you had with each parent and the frequency of contact with each parent over the past five years.
      • Explain why you cannot provide parental financial information on the 2018-2019 FAFSA.
      • Describe your living arrangements over the past five years, including with whom you resided and who has provided financial support to you.
      • Make sure your name, university ID, and signature are included in the letter.

   B. Letters from two individuals who can attest to your situation.
      The letters should provide as much detail as possible describing your separation from your parents.
      • Each letter must include the individual’s name, title or position, address and signature.
      • One letter must be from a professional individual not related to you (counselor, social worker, clergy, police, etc.).
      • The second letter can be from someone who can verify your situation.
      • The two individuals cannot be related to each other AND must reside at separate addresses.

   C. Complete and sign the enclosed 2018-2019 Independent Student Institutional Verification Form (SIVF) and include any federal tax documents as requested on the SIVF.

I certify that the information listed on this form and all supporting documents concerning my request for an Independent Appeal are correct and complete. I also understand the Financial Aid Administrator’s decision is final and cannot be appealed to the U.S. Department of Education.
2018-2019 Institutional Verification Form (Independent Student)

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification (CFR Title 34, Part 668). In this process, Iowa State University will be comparing information from your FAFSA with copies of 2016 Federal Tax Return Transcripts, W-2 forms, or other financial documents. If there are differences between your FAFSA information and your verification documents provided, the Office of Student Financial Aid may make corrections to your FAFSA using the information provided in the verification process.

Student Information

Last Name ___________________________ First Name ___________________________ Middle Initial __________ University ID __________

Family and Household Information

As of today, my current marital status is:

- Single-☐
- Married or Remarried-☐
- Separated-☐
- Divorced-☐
- Widowed-☐

- Date of my marital status: __________________________ OR Does not apply-☐
- List your spouse if applicable. If your spouse is currently enrolled in college, please provide the FULL college name.

Spouse Name: ___________________________ Spouse’s College: ___________________________

Write the names of all of your household members; including yourself (and your spouse).

- Include your children if you will provide more than half of their support between July 1, 2018 and June 30, 2019 even if they do not live with you.
- Include other dependents, only if they now live with you, and you currently provide more than half of their support, and will continue to provide more than half of their support between July 1, 2018 and June 30, 2019.

<table>
<thead>
<tr>
<th>Full name of family members in the household. Start with yourself.</th>
<th>Relationship to Student</th>
<th>Birthday mm/yy</th>
<th>Name of the college for any family member who will be working toward a degree or certificate and will be enrolled at least ½ time during 2018-19 academic year.</th>
<th>Grade Level in College</th>
<th>High School Graduate by September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Self</td>
<td>Iowa State University, Ames, IA</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional household members can be included on a separate sheet of paper.

Total in Household ____________ Total in College ____________

W-2 Information

Were either you or your spouse issued 2016 W-2(s)?

- Yes ☐ No ☐

Are amounts listed in Box 12, 12a-12d?

- Yes ☐ No ☐

If yes, review all codes in box(es) 12,12a-12d on the W-2. List below Box number (#), code and dollar amount ($):

Box# __________ Code__________ $ __________
Box# __________ Code__________ $ __________
# Student’s (and spouse if married) Tax Forms and Income Information

<table>
<thead>
<tr>
<th>CHECK</th>
<th>IF YOU (and spouse):</th>
<th>YOU (and spouse) MUST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>USED the IRS Data Retrieval Tool to transfer 2016 tax data to the 2018-2019 FAFSA.</td>
<td>Complete this Verification Worksheet and return it to our office. (You DO NOT NEED to provide a copy of your IRS Tax Return Transcript at this time.)</td>
</tr>
<tr>
<td>☐</td>
<td>DID NOT transfer 2016 income information to the FAFSA using the IRS Data Retrieval Tool.</td>
<td>Complete this Verification Worksheet and return it to our office and attach a signed copy of your <strong>2016 IRS Tax Return Transcript</strong>, not an Account Transcript. <a href="http://www.financialaid.iastate.edu/forms/?doc=5118">http://www.financialaid.iastate.edu/forms/?doc=5118</a></td>
</tr>
<tr>
<td>☐</td>
<td>DID NOT work and WILL NOT file a 2016 Federal Tax Return.</td>
<td>Complete this Verification Worksheet and return it to our office. List your source of income (i.e. Disability, pension, etc.) <strong>Source:</strong> ________________________________ Proof of non-filing will be required: <a href="http://www.financialaid.iastate.edu/forms/?doc=5817">www.financialaid.iastate.edu/forms/?doc=5817</a></td>
</tr>
<tr>
<td>☐</td>
<td>Filed a foreign return or had foreign income</td>
<td>Complete this Verification Worksheet and return it to our office. Provide an English translation of your foreign financial documents. If you filed a Puerto Rico tax return, provide a signed copy of the 2016 Puerto Rico 1040 tax return (does not need to be translated).</td>
</tr>
<tr>
<td>☐</td>
<td>WORKED, but NOT REQUIRED TO FILE a 2016 Federal Tax Return.</td>
<td>Complete this Verification Worksheet and return it to our office. <strong>Attach copies of all your 2016 W-2 forms.</strong> List below every employer even if the employer did not issue a W-2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s (and spouse’s) Employer Name</th>
<th>2016 Amount Earned</th>
<th>IRS W-2 Issued?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

**Exception:** Amended Tax Filers: If you filed an amended 2016 Federal Tax Return and were unable to use the IRS Data Retrieval Tool, you must submit a copy of your federal tax return transcript as well as a signed copy of your amended Federal Tax Return (IRS Form 1040-X). If you were able to use the IRS Data Retrieval Tool, you must only submit a signed copy of your amended Federal Tax Return (IRS Form 1040-X).

## Additional Student (and spouse) Financial Information

If your answer is zero or does not apply, enter 0 (zero). **Do not leave blank.**

- **Taxable earnings from Federal Work-Study in 2016.**
  - **Work-Study College Name:** ____________________________________________ $ 
  
- **Annual child support received for all children in 2016.** Do not include foster care or adoption payments. $ 

- List other untaxed income not reported, such as workers’ compensation, disability, money paid on your behalf, veterans noneducation benefits, Health Savings Account (IRS Form 1040 Line 25), Housing Allowance, Basic Allowance for Sustenance (Military) etc. received in 2016. **Do not include** student financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. **List source(s) of other untaxed income:** ____________________________________________ $ 

## Signature

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet, I may be fined up to $20,000, sent to prison, or both. I am also granting the Office of Student Financial Aid permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents I have or will provide.

Student Signature (in blue or black ink) ____________________________ University ID ____________________________ Date ____________________________