



**OFFICE OF FINANCIAL AID**  
**REQUEST FOR CHANGE IN DEPENDENCY**

2022 CFINDP

**A. STUDENT INFORMATION**

NSHE ID \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER (WITH AREA CODE) \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Per the US Department of Education, you are *automatically* deemed an independent student if you meet at least one of the following criteria:

- You are over 24 years of age;
- You will be working on a graduate (i.e., Master’s Degree or Ph.D) or professional (i.e., MD or JD) degree during the current academic year;
- You are married (*as of* the date the current year’s FAFSA was filed);
- You have children that receive more than half of their support from you;
- You have dependents other than children who you provide more than half of their support;
- You are an orphan and/or ward of the court prior to your 18<sup>th</sup> birthday;
- You are a veteran of the US Armed Forces.

If you meet any of the above-listed criteria, please have the Financial Aid Office review the accuracy of your Student Aid Report (SAR). We may ask for documentation to substantiate your request.

If you DO NOT meet any of the above-listed criteria, you MAY be eligible for a *Dependency Override* if you meet any of the following criteria:

- Custodial parent now deceased and you have never had contact with your remaining parent;
- You were an emancipated minor *prior* to your 18<sup>th</sup> birthday;
- Both parents are institutionalized or incarcerated;
- Custodial parent is institutionalized and you have never had contact with remaining parent;
- You meet the US Department of Education’s standard of *Involuntary Disillusionment* from your parents (i.e., abusive home environment).

If you feel that you meet any of the above-listed criteria, please schedule an appointment with a Financial Aid Advisor to review the required steps you must complete in order to file a *Change in Dependency* appeal. **Please note: Self-sufficiency or unwillingness on the part of your parent(s) or step-parent(s) to assist you is NOT a basis for an appeal.**

**The decision by CSN is FINAL and cannot be appealed.**

Dependency Override: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Postponed    Date: _____ Verification Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No    Revised EFC: _____    Transaction #: _____ Comments: _____ _____ _____ Financial Aid Administrator signature _____ Date: _____
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**B. CONDITIONS AND REQUIRED DOCUMENTATION**

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A student may be eligible for a Change in Dependency Request *if* he or she meets one of the five conditions listed below **AND submits All Required verification documentation. All third-party documentation MUST be furnished on official letterhead.** Please complete the following evaluation form to determine eligibility.

**REQUIRED DOCUMENTS:** All students **MUST** submit a **Verification Group 1 worksheet** and **2019 Tax Return Transcript** in addition to the following additional documents:

- Custodial parent now deceased and there is no contact with remaining parent**
  1. Signed, typewritten statement from student (include last date and nature of contact with surviving parent);
  2. Copy of death certificate;
  3. **Two (2)** written statements from a third-party source (counselor, court official, clergy, etc.) familiar with your situation.
  
- Emancipated Minor prior to your 18<sup>th</sup> birthday and still estranged from both parents**
  1. Signed, typewritten statement from student;
  2. Copy of court documentation;
  3. **Two (2)** written statements from a third-party source (counselor, court official, clergy, etc.) familiar with your situation.
  
- Both parents are institutionalized or incarcerated**
  1. Signed, typewritten statement from student;
  2. Copy of court documentation or other documentation of above-listed situation;
  3. **Two (2)** written statements from a third-party source (counselor, court official, clergy, etc.) familiar with your situation.
  
- Custodial parent institutionalized or incarcerated and no contact with remaining parent**
  1. Signed, typewritten statement from student (include last date and nature of contact with your Remaining parent);
  2. Copy of court documentation or other documentation of above-listed situation;
  3. **Two (2)** written statements from a third-party source (counselor, court official, clergy, etc.) familiar with your situation.
  
- Involuntary Disillusionment (Documented abusive home environment)**
  1. Signed, typewritten statement from student;
  2. Copy of documentation of above-listed situation;
  3. **Two (2)** written statements from a third-party source (counselor, court official, clergy, etc.) familiar with your situation.

**C. CERTIFICATION AND SIGNATURE**

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I understand that I may be required to submit additional documents to the CSN Financial Aid Office and that, if this request is approved, it valid for the current academic year ONLY and must be renewed each year. CSN is not bound by any decisions made at other colleges. I also understand that the decision made by CSN is final and cannot be appealed.

\_\_\_\_\_

Student Signature
Student Printed Name
Date

Your printed name will act as your physical signature because of social distancing guidelines due to the COVID-19 pandemic



**OFFICE OF FINANCIAL AID**  
**2021-22 Verification Worksheet 1**

CFVWV1



Your 2021–2022 Free Application for Federal Student Aid (FAFSA) has been selected for the process called Verification. You must complete and sign this worksheet, attach any required documents, and submit them to the Financial Aid Office. After review, we may ask for additional information.

**A. STUDENT INFORMATION**

NSHE (Student) ID	LAST NAME	FIRST NAME	M.I.
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**B. HOUSEHOLD/FAMILY INFORMATION**

**DEPENDENT STUDENT** – A student is considered **Dependent**, *if* he/she was **required to provide parental data** on the FAFSA.

- Please include in your household (below) the following:
- You and your parents/stepparents (*who provide more than half of your financial support*) even if the student does not live with parents.
  - Your parent/stepparents' dependent children, if your parent/stepparents' will provide more than half of the children's support from July 1, 2021 through June 30, 2022, *or* if the children would be required to provide parental information if they were completing a FAFSA for 2021-2022. Include children who meet either of these standards, even if a child does not live with the parents.
  - List other people as part of your household **only** if they now live with **your parents AND they** provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2022.

**INDEPENDENT STUDENT** – A student is considered **Independent** if he/she was **NOT required to provide parental data** on the FAFSA.

- Please include in your household (below) the following:
- You and your spouse, *if married*.
  - The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2021 through June 30, 2022, even if the child does not live with the student.
  - List other people as part of your household **only** if they now live with you **and** you provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

**COLLEGE INFORMATION:** If any household member will be attending college at least half-time between July 1, 2021 and June 30, 2022 and will be enrolled in an eligible degree or certificate program, write the full name of the college or university (**do not abbreviate**).

Full Name	Age	Relationship	College Name (do not abbreviate)
		<i>Self</i>	<i>College of Southern Nevada</i>

**\*\*If more space is needed, please provide an additional page with the student's NSHE ID and name at the top of the page.**  
**\*\*CSN may require additional documentation if we have reason to believe that the information regarding the household members enrolled in an eligible post-secondary institution is inaccurate.**



**OFFICE OF FINANCIAL AID**  
**2021 - 2022 Verification Worksheet 1**



**C. INCOME VERIFICATION**

Complete this section if you (your spouse, if married) and/or your parents (if you are a dependent student) filed a 2019 income tax return with the IRS.

Student/Spouse	Parent(s)
<input type="checkbox"/> I/We have successfully used the FAFSA's IRS Data Retrieval Tool.	<input type="checkbox"/> I/We have successfully used the FAFSA's IRS Data Retrieval Tool.
<input type="checkbox"/> I/we am/are unable or chose not to use the FAFSA's DRT to transfer my/our income information. I have attached a copy of my/our Tax Return Transcript here.	<input type="checkbox"/> I/we am/are unable or chose not to use the FAFSA's DRT to transfer my income information. I have attached a copy of my/our Tax Return Transcript here.
<input type="checkbox"/> I/we did not and am/are not required to file a 2019 Federal Tax Return <b>and will complete Sections D and E (if applicable) below.</b>	<input type="checkbox"/> I/we did not and am/are not required to file a 2019 Federal Tax Return <b>and will complete sections D and E (if applicable) below.</b>

**D. TAX RETURNS – NON FILERS**

Complete this section if you, the student (and spouse, if applicable) and/or your parent(s) (if dependent) will not file and **are not required** to file a 2019 income tax return with the IRS, but earned income from work in 2019. If you are required to file a return, but have not, you must file your return in order to be considered for Federal Student Aid.

In the following table, please list all earnings from work during 2019 **and attach a 2019 W2 or 1099-MISC for each line item.** Your application cannot be considered complete until all earnings from work can be verified with a W2 or 1099-MISC.

Source of Income from Work in 2019	Student	Spouse/Parent(s)	IRS W-2 or 1099 Attached?
<i>Example: Tom's Auto Shop</i>	\$	\$ 5,500	<i>Yes or No</i>
	\$	\$	<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

**E. VERIFICATION OF NON-FILING STATUS**

If you (and your spouse, if applicable) and your parent(s) (if dependent) did not have any source of income from work in 2019 (i.e. did not file a tax return and no income was listed in Section D), **please complete the Dependent Student Support Form or Independent Student Support Form** (as appropriate) and submit a Verification of Non-filing letter from the IRS.

**F. CERTIFICATION AND SIGNATURE(S)**

I certify that all of the information reported on this worksheet is complete and correct. The student and one parent must sign this worksheet. **If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature    Date

\_\_\_\_\_  
Parent's/Spouse's Signature    Date