



## PETITION FOR INDEPENDENT STATUS

The federal formula used to determine eligibility for financial aid funds assumes that the **primary** responsibility for paying college costs rests with the family. In rare instances, the Office of Financial Aid has the ability to grant independent status to a student who otherwise would be considered dependent even though the student does not meet the criteria outlined in the Free Application for Federal Student Aid, FAFSA, for independent status.

If you have unique or extenuating circumstances, you may file the attached Financial Aid Petition for Independent Status form. Complete the attached petition and return it to the Financial Aid Office (Ocala Campus, Bryant Student Union; Wilton Simpson Citrus Campus, Citrus Learning and Conference Center; Jack Wilkinson Levy Campus) at College of Central Florida.

**The fact that you are supporting yourself is *not* an extenuating circumstance.** In addition, if you were granted independent status in previous years or at a previous institution that does not necessarily mean that this petition will be granted. The unwillingness of your parents to provide FAFSA application information is ***not*** considered justification for filing this petition. Types of extenuating circumstances that would warrant the filing of the attached form are abuse by your parents, incarceration of parent(s), abandonment as a child, or other unusual extenuating circumstances. In order to corroborate your unique situation, you must submit written documentation from all appropriate persons (lawyer, doctor, counselor, minister, etc.) or agencies (court(s), State Department of Children and Family Services, etc.).

Your petition will be evaluated by the Office of Financial Aid at the earliest possible date. You will then be notified by mail of the decision. If your petition results in a revision of your existing financial aid (you have already filed as a dependent student), the completion of your new financial aid file may take four additional weeks, or more.

All actions resulting from this petition are contingent upon funding availability and any processing deadlines which may be in effect at the time of the petition approval. All decisions by the director of Financial Aid are final.



CF ID No.: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

Telephone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Instructions:

1. Use this form only if you are required to report parent information on your Free Application for Federal Student Aid but have an unusual situation that prevents you from obtaining the required information.
2. Attach a copy of your birth certificate.
3. Attach a copy of your parent(s) death certificate(s), if applicable.
4. Attach a typed statement explaining your circumstances with your parents. Include dates and significant events that indicate abuse, neglect or abandonment by your parents. Explain in detail each of the following:
  - Where you currently live, who are you living with, and how long you have been in this current living arrangement
  - Where are your parents and why are you unable to obtain their information for your FAFSA
  - If someone other than your parent(s) has been providing your support
5. Attach written documentation supporting your statement above. You should submit **at least** one written statement, on letterhead, from an impartial professional who is familiar with your family situation (do not submit statements from friends and family). Teachers or counselors, representatives from the Department of Children and Families, therapists and clergy are ideal individuals to provide such statements. Also attach court orders and/or police reports, if applicable.

**If you fail to attach the above items, no action will be taken on your request. Allow at least two weeks for the decision. You will be notified of the decision in writing. Processing your FAFSA after the decision is made usually takes 5-10 working days.**

I certify that the above information and the attachments provided are accurate representations of my circumstances. I understand that providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date: MM/DD/YY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____ Financial Aid Director Signature	_____ Date: MM/DD/YY
<b>Comments:</b> _____			
_____			