

2026-2027 DEPENDENCY CHANGE REQUEST

Student Name: _____ SID# _____

Student Email: _____ Phone # _____

Students classified as dependent may petition to be reclassified as independent based upon documented adverse family circumstances that make obtaining your parents' FAFSA information impossible. Examples of adverse conditions include but are not limited to severe estrangement from parents, an unsafe home environment, unknown whereabouts of your parents, abuse, abandonment, drug abuse, and parent incarceration.

This form can be used to request a review of extenuating circumstances regarding your dependent status. These extenuating circumstances must be documented by an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy, mental health professional, law enforcement officer, teacher, etc.) to qualify.

The following examples will not make you independent:

- *Parental refusal to contribute financially to your education
- *Parental refusal to provide information necessary to complete the FAFSA
- *Parents do not claim you as a dependent for income tax purposes
- *You demonstrate self-sufficiency

Required Documentation

- FAFSA, www.FAFSA.ed.gov (Your FAFSA must be on file before a dependency change can be processed.)
- Submit a typed letter detailing the special circumstances that make you independent from your parents. You must describe your current relationship (even if it is non-existent) with both of your parents. A physical signature is required on this letter. In your letter, address the following items:
 1. The nature of your relationship with your parents
 2. Provide the date and place of your last contact with your parents
 3. How you have been supporting yourself
 4. The reason your parents do not provide housing and why they refuse to help with your education costs
- Physically signed statements from individuals familiar with the situation further outlining and verifying/substantiating the reasons for your independent status request; three letters are preferred, with at least one required from a professional (teacher, counselor, clergy, law enforcement, etc.). Individuals writing these statements must email their signed statements to finaid@cornish.edu.
- 2024 and 2025 signed 1040s and Schedules 1, if filed for either tax year or Tax Return Transcripts (www.irs.gov) and all 2024 and 2025 W-2s.
- Marriage--If you are now married, provide a copy of your marriage license and a copy of your spouse's 2024 and 2025 signed 1040s and Schedules 1, if filed for either tax year or Tax Return Transcript and all 2024 and 2025 W-2s.
- Living Arrangements, Financial Support, Student Budget, and Assets (page 2 of this form).

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Living Arrangements and Financial Support Please check the appropriate answer.

Where did you live in 2025?	<input type="checkbox"/> At home with parents	<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus
Where will you live in 2026?	<input type="checkbox"/> At home with parents	<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus
Did your parent(s) claim you as an exemption on their 2024 federal tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did or will your parent(s) claim you as an exemption on their 2025 federal tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did your parent(s) provide your health insurance in 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will your parent(s) provide your health insurance in 2026?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did your parent(s) provide your auto insurance in 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will your parent(s) provide your auto insurance in 2026?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Student Budget & Assets Round to nearest dollar - Do not leave any blanks - Enter -0- or N/A - Amounts of zero may require further explanation. These amounts may be used to determine your eligibility, please be as accurate as possible. You will not be allowed to change these amounts once submitted.

Student Expenses for Last 12 Months	Monthly Amount	Source (i.e. work, parents, friends, etc.) <small>If any expense is paid by multiple sources, indicate split amounts.</small>
Rent/Mortgage		
Utilities (internet, electric, cable, etc.)		
Cell Phone		
Health Insurance		
Food		
Car Payment		
Car Insurance		
Fuel/Travel Expenses		
Other Personal Expenses (toiletries, clothing, etc.)		
TOTAL		

2025 Student Income Resources	Monthly Amount
Income from Work	
Unemployment Compensation	
Social Security Benefits	
Housing Assistance	
Financial Aid	
Other Income (gifts, etc.)	
TOTAL	

Current Assets	Amount
Current balance of cash, savings & checking.	
Current net worth of investments including real estate (do not include the home you live in).	
Current net worth of business and/or farm.	
Other untaxed income (includes child support received).	

Student Certification

Your signature on this document confirms your acknowledgment of the following:

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid funds received. I understand that all requests are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature _____ Date _____