



DEPENDENCY CHANGE REQUEST APPLICANT FORM 2007-2008

Financial Aid Office
ASU Station #11015
San Angelo, TX 76909-1015
325/942-2246
FAX 325/942-2082

RENEWAL

OFFICE USE ONLY

CAMPUS ID NO. OR SOC. SEC. NO.:

APPLICANT'S NAME: _____

If the total amount of expenses exceeds the total amount of resources, a written statement explaining the imbalance must be attached.

I. Complete the following expense and resource information for calendar year 2006:

EXPENSES FOR 2006			RESOURCES FOR 2006		
YEARLY EXPENSES	Housing/Rent	12 x \$ /mo = \$	YEARLY RESOURCES	Employment	12 x \$ /mo = \$
	Food	12 x \$ /mo = \$		Social Security	12 x \$ /mo = \$
	Car Payments/Maintenance	12 x \$ /mo = \$		AFDC/TANF	12 x \$ /mo = \$
	Gasoline	12 x \$ /mo = \$		Food Stamps	12 x \$ /mo = \$
	Utilities:			Other Welfare Benefits	12 x \$ /mo = \$
	Electric	12 x \$ /mo = \$		VA Benefits	12 x \$ /mo = \$
	Gas	12 x \$ /mo = \$		Child Support	12 x \$ /mo = \$
	Telephone	12 x \$ /mo = \$		Monetary Gifts	12 x \$ /mo = \$
	Water	12 x \$ /mo = \$		Housing, food, and other living allowances provided by parents, relatives, friends, military, etc.	12 x \$ /mo = \$
	Child Care	12 x \$ /mo = \$		Scholarships	\$
	Clothing	12 x \$ /mo = \$		Grants	\$
	Insurance	12 x \$ /mo = \$		Loans	\$
	Tuition/Fees/Books	\$		Other (specify):	\$
	Personal/Entertainment	12 x \$ /mo = \$		TOTAL RESOURCES FOR 2006	\$
	Other (specify):	\$		TOTAL EXPENSES FOR 2006	\$

II. Provide a detailed statement explaining your unusual circumstance, including why you believe it is unreasonable to assess your parents' ability to contribute to your education and any additional information which will distinguish your situation as out of the ordinary. You may use the back of this form if needed for additional space.

III. Were you or will you be claimed as an income tax exemption by either parent in 2005? Yes No **If yes, by whom?**
in 2006? Yes No Father Stepfather
in 2007? Yes No Mother Stepmother

IV. Complete the following:

Address: _____	Person with whom you reside: _____
Phone: () _____	What is your relationship to this person? _____
	How long have you lived with this person? _____

I certify that the information provided on this form is complete and accurate: _____
Signature Date

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Financial Aid Office.

OFFICE USE ONLY: Action Taken: _____ Date: _____ SFA Initials: _____
 Comments: _____
