BCCC
Baltimore City Community College

Office of Financial Aid
2026-2027 Dependency Status Appeal

Student's Name: _____ **ID#** _____

The Office of Financial Aid is required to consider parent information and expect a parent contribution for students who complete the Free Application for Federal Student Aid (FAFSA). An override may be applicable to your dependent status if unusual circumstances exist that make it impossible for you to have contact with your parents. If your family situation involves an unusual circumstance (*i.e. abusive family environment, documented abandonment, and/or documented drug dependency*), you may request a review of your dependency status. Any situation resulting from choice, rather than necessity due to unusual circumstances would not be considered for review.

However, none of the conditions listed below, singly, or in combination, qualify as unusual circumstances or merit a dependency override:

1. Parents refusal to contribute to student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

Reasons for Appealing

There are two acceptable reasons for appealing your dependency status. Please check the appropriate situation that explains your reason for appealing:

☐ **A severe situation exists in your family that renders it impossible for you to obtain your parents' financial information for the FAFSA. This is due to physical or emotional abuse, severe estrangement, parental drug abuse or mental incapacity, or another situation beyond your control.**

- **Personal Statement**

  On separate paper, tell us, in your own words, why you should be considered an independent student. Explain the circumstances leading to your independence from your family **(detailed description of the severe situation, events leading to and forcing the separation of yourself from your family, current and expected status of your separation of your family, etc.)**. If you are receiving support from friends or relatives, you must describe the nature and amount of that support and how you came to receive it on the Monthly Expense and Income Worksheet section of this form.

- **Documentation**
  - Complete the Independent Verification Worksheet and submit required tax documents
  - Provide "Third Party Affidavit" (must submit two) by parties who are at least 25 years old and know you and are familiar with your circumstances (e.g. clergy, teacher, counselor, social worker, or one adult relative who will verify your situation)
  - Copy of court documents or any pertinent documents that can confirm your situation.

☐ **You are a non-US citizen (who is otherwise eligible to receive financial aid according to your status) and your parents reside in a foreign country. You are unable to obtain parental information for the FAFSA because of long-standing political policy or civil unrest in the country.**

- **Personal Statement**
  On separate paper, tell us, in your own words, why you should be considered an independent student. Explain, in detail, the political policy or civil unrest in the country where your parents live that prevents you from obtaining parental information for your FAFSA. Also, (if applicable) explain how it is impossible for mail and/or funds to leave the country. If you are receiving support from friends or relatives, you must describe the nature and amount of that support and how you came to receive it on the Monthly Expense and Income Worksheet section of this form.

- **Documentation**
  Provide a statement from an official from the Embassy (or other diplomatic office) of the country where your parents live, which describes the long-standing political policy or civil unrest that exist. The statement must also verify if it is impossible to get mail and/or funds into or out of the country.

The more information you provide the better. This will ensure a better understanding of your situation. Please be assured that all information you provide will be held in the strictest confidence. Remember to include all statements and documentation with this application.

Biographical Information

Name _____ Banner ID # _____

Permanent Address _____

_____ Phone _____

Employer Name and Address _____

_____ Phone _____

(If you currently have more than one employer, please list each name and telephone number on a separate sheet of paper.)

Semester and year you first attended college: _____ Year of high school graduation _____

1. Do you currently live with your parent(s)? Yes or No
   If you are not living with your biological parent(s), with whom do you live and where?

2. How long have you not lived with your parent(s)?

3. Were you placed out of your parent(s) home by the Department of Social Services or another State agency? If yes, when? Please submit the documentation to support a "yes" response.

I hereby certify that all information contained in this application for independent status, including the personal statement and documentation, is true and complete to the best of my knowledge. I promise that I have not knowingly or intentionally provided any fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied, my eligibility for financial aid may be terminated, and I may be reported to Student Judicial Affairs for Honor Code Violations.

Signature (*must be hand-written*) _____ **Date** _____

You must upload the documents online within fourteen days using the following link https://BCCC.verificationgateway.org.

If you have questions, contact the Office of Financial aid via email financialaid@bccc.edu or phone 410-462-8333.

Monthly Expense and Income Worksheet (must be completed)

1) Expenses

Please describe in the spaces provided below what your average monthly expenses are and how they are covered. The types of expenses are listed in the first column. In the second column, fill in the amount that is paid monthly for each expense category. In the third column, give the name of the person who pays the expense or provides the item for you and their relationship to you. If you pay the cost, enter "self" in the third column. If your entries require explanation, please attach a separate sheet of paper with that information.

Type of Expenses	Monthly Costs	Who Pays or Provides It
1. Housing	**$**	
2. Utilities	**$**	
3. Food	**$**	
4. Clothing	**$**	
5. Tuition, books, and supplies	**$**	
6. Transportation ***What type? (Car, bus, bike, car insurance, etc.)***	**$**	
7. Medical ***What type? (prescriptions, office visits, health insurance, etc.)***	**$**	
8. Miscellaneous	**$**	

2) Income

You must describe in the space provided below what your average monthly income is and from what sources you receive it.

Type of Income	Monthly Amount	Source
1. Work	**$**	
2. Savings/Investments: interest or dividends earned or amounts withdrawn to pay expenses	**$**	
3. Untaxed Benefits ***What type? (Workers' Compensation, welfare, Social Security, etc.)***	**$**	
4. Cash (i.e. allowances) from outside resources (parents, family, friends, etc.)	**$**	
5. Other ***What type?***	**$**	

Review of Dependency Status
Third Party Affidavit

(To be completed by a third party who knows the student and is familiar with their circumstances.)

Student's Name : _____ Student ID #: _____

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? _____

2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

_____

_____

_____

_____

_____

_____

3. Why is the student unable to provide parent information for financial aid purposes?

_____

_____

_____

4. What is the last date the applicant:

   a) Received financial support from parents? _____ Month/ Year

   b) Lived with parents? _____ Month/Year

5. How is the student currently supporting himself/herself?

_____

_____

_____

Name: _____ Age: _____

Contact #: _____ Relationship to Student: _____

Address: _____

Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

_____ _____ _____

Print Name Signature *(must be hand-written)* Date

Review of Dependency Status
Third Party Affidavit

(To be completed by a third party who knows the student and is familiar with their circumstances.)

Student's Name : _____ Student ID #: _____

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? _____

2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

   _____

   _____

   _____

   _____

   _____

   _____

3. Why is the student unable to provide parent information for financial aid purposes?

   _____

   _____

   _____

4. What is the last date the applicant:

   c) Received financial support from parents? _____
   Month/ Year

   d) Lived with parents? _____
   Month/Year

5. How is the student currently supporting himself/herself?

   _____

   _____

   _____

Name: _____ Age: _____

Contact #: _____ Relationship to Student: _____

Address: _____

Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

_____ _____ _____

Print Name Signature *(must be hand-written)* Date

BCCC
Baltimore City Community College

2026–2027 Independent Verification Worksheet

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may have to be corrected.

A. Student's Information

Last Name	First Name	MI	Student's ID #

Address (include Apt. #)	City	State	Zip Code

Date of Birth	E-mail Address	Phone Number (include area code)

B. Family Information

List below the people in the student's household. **Include:**

- The **student.**
- The student's **spouse,** if the student is married. (If you are legally separated do not include your spouse).
- The student's or spouse's **children**, if the student or spouse will provide more than half of their support.
- Other people if they live with the student and the student will provide more than half of their support.

If any household member will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2026, and June 30, 2027, include the name of the college.

If you need more space, attach a separate page with the student's name and ID number at the top.

Full Name of Household Member	Age	Relationship to Student	Name of College They Will Attend 2026-2027 (if applicable)	Enrolled at Least Half-time (Yes or No)
		self	*Baltimore City Community College*	

C. Student's Income Information

Tax Return Filers

Important Note: The instructions below apply to the student and spouse, if the student is married. Notify the financial aid office if the student or spouse filed separate IRS income tax returns for 2024 or had a change in marital status after the end of the 2024 tax year on December 31, 2024.

Instructions: Complete this section if the student and spouse filed or will file a 2024 IRS income tax return(s). The best way to verify income is by consenting to the Future Act Direct Data Exchange (FA-DDX) to transfer 2024 IRS federal tax information (FTI) onto the FAFSA. In most cases, no further documentation is needed to verify 2024 IRS income tax return information that was transferred into the student's FAFSA using the FA-DDX.

Check the box that applies:

☐ The student has **used the FA-DDX** to transfer 2024 IRS income tax return information into the student's FAFSA.

☐ The student is providing the school with a **2024 IRS Tax Return Transcript**. (If the student and spouse **filed separate** 2024 IRS income tax returns, 2024 IRS Income Tax Return Transcripts must be provided for both.)

Non-tax Filers

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and **are not required** to file a 2024 income tax return with the IRS**. Provide documentation from the IRS dated on or after October 1, 2025 that indicates a 2024 IRS Income Tax Return was not filed with the IRS.**
(Review cannot be completed until this document is submitted.)

Check the box that applies:

☐ The student and/or spouse **were not employed** and had no income earned from work in 2024.

☐ The student and/or spouse **were employed** in 2024 but not required to file and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W2 form is provided. List every employer even if the employer did not issue an IRS W-2 form.

*****For either of the scenarios above, you must submit an IRS Verification of Non-Filing Letter.***
This document can be obtained directly from the IRS by sending in form 4506-T or by contacting the IRS directly.

(Provide copies of all 2024 IRS W-2 forms issued to the student and spouse by their employers)

Employer's Name	2024 Amount Earned	IRS W-2 Provided?
	$	☐ Yes ☐ No
	$	☐ Yes ☐ No

D. Certification and Signature

By signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide documentation that will verify the accuracy of the information being reported. **Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Student's Signature *(must be hand-written)* _____ Date _____ Student's ID # _____

You must submit upload the documents online within fourteen days using the following link https://BCCC.verificationgateway.org.
If you have questions, contact the Office of Financial aid via email financialaid@bccc.edu or phone 410-462-8333.