

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2022–2023 Dependency Appeal

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

A student can be considered independent for financial aid purposes by meeting certain criteria. Please review the criteria below, noting any that apply to your situation. After review, the Financial Aid Office may request additional information or documentation. Are you:

- A dependent or ward of court since turning age 13
- Currently or was an emancipated minor
- Currently or was in legal guardianship
- Homeless or at risk of being homeless
- In foster care since turning age 13

If you checked any items above, you do not need to complete this appeal. Submit the "Dependency Status Verification" form instead.

If you do not meet the requirements to be considered an independent student on the FAFSA, but believe your particular family circumstances warrant further evaluation, please complete the rest of this form.

The following documentation must be submitted before we can review your appeal:

- Detailed letter explaining your family circumstances (use attached form). Attach copies of any police or custody reports or similar materials to support your appeal. Information will be kept confidential.
- Two detailed letters from sources **outside your family** familiar with your family circumstances. The sources *must* be a teacher, minister, lawyer, physician, counselor or other professional who is willing to verify your circumstances upon request. Use the attached forms and have each person respond to the questions on the form.

Answer the following questions:

- What is the most recent date you lived with or received support from your parents? _____
(Support includes: cash, housing, food, gifts, medical insurance, loans, college costs, etc.)
- Did or will your parent(s) claim you as a tax exemption in 2020 or 2021? Yes ___ No ___
- Were you, or will you be, claimed as a tax exemption by anyone in 2021 or 2022? Yes ___ No ___
If yes, who? _____ Relationship to you _____
- Have you submitted a 2022-2023 Free Application for Federal Student Aid (FAFSA)? Yes ___ No ___
- I was approved for a Dependency Appeal in 2021-2022 Yes ___ No ___

If a Dependency Appeal was approved at Loyola in 2021-2022, you only need to complete pages 1 & 2 of this form.

1D 2023

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

I grant the person signing this form permission to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning my circumstances.

Student Signature*: _____

SOURCE 1

Explain why you feel this student should be considered independent. Please feel free to attach additional pages.

I am familiar with the above named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning this student's circumstances.

Signature*: _____

Date: _____

Printed Name: _____

Job Title: _____

Address: _____

Phone: _____

Relationship to Student: _____

Number of Years Acquainted with Student: _____

**Typed and digital signatures are not acceptable*

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

I grant the person signing this form permission to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning my circumstances.

Student Signature*: _____

SOURCE 2

Explain why you feel this student should be considered as independent. Please feel free to attach additional pages.

I am familiar with the above named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning this student's circumstances.

Signature*: _____

Date: _____

Printed Name: _____

Job Title: _____

Address: _____

Phone: _____

Relationship to Student: _____

Number of Years Acquainted with Student: _____

**Typed and digital signatures are not acceptable*

