

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/faoupload>



Preparing people to lead extraordinary lives

2025–2026 Dependency Appeal

Student Name: _____
(Please print)

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

A student may be considered independent for financial aid purposes by meeting certain criteria. 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 above requirements to be considered an independent student on the FAFSA, but believe your particular circumstances warrant further evaluation, complete the rest of this form.

The following documentation must be submitted before we can review your appeal. All information will be kept confidential.

- Detailed letter explaining your circumstances.
- Attach copies of any police or custody reports or similar materials to support your appeal.
- Two detailed letters from sources **outside of your family**, familiar with your circumstances.
The sources *must* be a teacher, minister, lawyer, physician, counselor or other professional who is willing to verify your circumstances upon request.

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 2023, or 2024? Yes No

Were you, or will you be, claimed as a tax exemption by anyone in 2023 or 2024? Yes No

If Yes, who? _____

Relationship to you _____

Have you submitted a 2025-2026 Free Application for Federal Student Aid (FAFSA) Yes No

Were you approved for a Dependency Appeal at Loyola University Chicago in a prior school year? Yes No

What is your family size from July 1, 202 - June 30, 2026? _____

Family size: Include you (the student), your spouse, your dependent children, other people living with you now.

Include these dependent children and other people only if you, will provide more than over half of support between July 1, 2025, and June 30, 2026

1D 2026

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Last updated 12/2024

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At any time during 2024 or 2025, did you receive benefits from any of the following federal programs?

- Earned Income Credit (EIC)
- Federal Housing Assistance
- Free or Reduced-Price School Lunch
- Medicaid
- Refundable credit for coverage under a qualified health plan (QHP)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- TANF (Temporary Assistance for Needy Families)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- None of these apply

Verification of Current Living Arrangements

- I have attached a copy of my current lease or rental arrangement.
- I do not have a current lease or rental agreement for my place of residence.

I am providing a signed statement from my current landlord/roommate verifying my tenancy include the following information: address of residence, first date of tenancy, monthly amount of rent paid

If a Dependency Appeal was approved at Loyola University Chicago in a prior school year, complete the above section and sign and date below. Letters of support or explanation of your situation are not required.

Explain why you believe you should be considered independent. Your explanation should include information about your relationship with your parents since you were 16 years old. You must indicate where you have been living for the past two years, and include how you have been supporting yourself. You may attach additional sheets to fully explain your circumstances.

I affirm the foregoing is true and correct to the best of my knowledge. I agree to supply additional documentation to the Loyola University Chicago Financial Aid Office, if requested.

Student Signature
Types and digital signatures are not accepted

Date

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

Types and digital signatures are not accepted

SOURCE 1

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

I am familiar with the student's 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 *(Types and digital signatures are not accepted)*

Date

Printed Name

Job Title

Address

Contact

Relationship to student _____
 Number of Years Acquainted with Student _____

