



Financial Aid
 303 University Avenue, Newark, NJ 07102-1798
 p: 973-877-3200
 Room 3220 | www.essex.edu/fa

**INDEPENDENT STATUS
 APPEAL FORM**

ACADEMIC YEAR: _____

Please print clearly.

Student Last Name	First Name	ECC ID#	Home Phone	Cell Phone

Financial aid regulations state that dependent students are required by law to provide parental income information and signatures to be considered for financial aid. You may request to waive the federal regulation requirements, if you can document that you are separated from your parents due to some extraordinary circumstances. **Your parent's unwillingness to provide their information, your ability to support yourself, or not living with your parents does not constitute extraordinary circumstances.**

➔ **Have you filed an Independent Status Appeal at our school before?** Yes - Year: _____ No

Check the unusual circumstances that makes you an independent student. You are required to provide documentation to support your reason. Document your reason from the court, social service agency or other similar sources:

- Abusive family environment
- Parents are incarcerated and I live with a friend or relative who contributes to my support
- Separated due to abandonment and I am unable to contact them or one of parents are deceased and I do not know the whereabouts of my other parent. **Note: If applicable, provide a death certificate for a deceased parent.**
- Other specify: _____

1. If both parents are **not** deceased, where is your living parent? _____
2. Where are both of your parents located? _____
3. When and where was the last time you had contact with each of your parents:
4. Mother When? _____ Where? _____ Date of last contact: _____
 Father When? _____ Where? _____ Date of last contact: _____
5. What was the nature of the contact? _____
6. When did you start meeting your expenses without parental support? _____

How have you supported yourself? Indicate how you supported yourself in 2024. Check all that apply, enter the amount received and submit the required documentation:

Source of Income	Amount Received	Required Documentation
<input type="checkbox"/> Unemployment Benefits	\$	Printout from the Unemployment Office
<input type="checkbox"/> Social Security Benefits	\$	Letter from Social Security
<input type="checkbox"/> Disability	\$	Letter from the agency
<input type="checkbox"/> Welfare	\$	Letter from the agency
<input type="checkbox"/> Child Support	\$	Letter from courts
<input type="checkbox"/> Worked and filed taxes (full or part-time)	\$	IRS Tax Transcript, if filed taxes or W2 Form, last paystub(s) or letter from all employers if no taxes were filed.
<input type="checkbox"/> Support from family, friend etc.	\$	Download and complete Statement of Support form
<input type="checkbox"/> Other:	\$	Provide appropriate documentation

CERTIFICATION: I certify that the statements, information and documents for this appeal are true and correct.

Student Signature (Full signature; No initials)	Date