PJDO



2024-2025 Request for Independent Status

Stude	dent First Name:	Student Last Name:	ID:	
			Secondary Phone #: ()	
	PLEASE R	READ CAREFULLY BEFORE COMPL	ETING THIS FORM	
	<u>FE:</u> None of the conditions listed below qualify as urride will not be granted.	inusual circumstances meriting a depender	ncy override. If this is the case, please stop here. A depe	endency
2	 Parents refuse to contribute to the student's edu Parents are unwilling to provide information on t Parents do not claim the student as a depender Student demonstrates total self-sufficiency. 	the FAFSA or for verification.		
STEP	P 1: If any of the below circumstances apply to you	u, please proceed to step 2. For your petitic	n to be considered:	
2	 You must not have been claimed as a tax exem You may not have lived with your parents for the Any unusual circumstance not already listed on 	e last 2 years.	2023. abusive family environment or abandonment by parents.	
IMPOF reques		ndependent status, please <u>DO NOT</u> make any	corrections to your FAFSA application as it may cause a de	ay in your
STEP	P 2: Indicate whether you are requesting a depend	dency override for the first time, or are requ	esting a renewal of a previously granted dependency	override.
	NEW REQUEST FOR INDEPENDENT STATUS	S CHECKLIST (PJDO)		
	If this is your first time submitting a dependency o without all documentation, and additional docume		lowing information at the same time. We cannot process	s a reques
	A copy of your 2022 federal income tax return trans received in 2022 that are not reported on your tax r		Retrieval on FAFSA and W2's, and any income or resour	rces
] A			ny relevant documentation that you think may support yo	our
] Co	Complete pages 1-4 of this form in its entirety and	sign and date it		
	Attach at least one signed letter from a friend or re	•	•	
sta	stationery).		r who can attest to your situation (must use official letterh	
] Do	Documentation of where you have lived since Janu	uary 2022 (e.g., signed lease agreements, h	ousing contract, statement from person providing hous	ing and

*If you were granted a dependency override in 2023-2024 and your circumstances have changed please meet with a Financial Aid Advisor.

relationship to you).

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STEP 3: Complete the tables below by selecting the applicable box.

TABLE 1: LIVING ARRANGEMENTS

	On-Campus	Off-Campus	With Parents	Other
Where did you live in 2022?				
Where will you live in 2023?				

TABLE 2: STUDENT ASSETS

TABLE 2. STUDENT ASSETS		
Current balance of cash, savings and checking	\$	
Current net worth of investments, including real estate (not your home)	\$	
Current net worth of business and/or investment farm	\$	
Other untaxed income (includes any child support received	\$	

STEP 4: Please provide a detailed statement explaining your extenuating circumstances (attach any relevant documentation that you think may support your petition). If additional space is needed, please attach signed statements.

	Please Print Your Statement
	this worksheet is complete and correct to the best of my knowledge. I authorize the Financial A ancies found. WARNING: If you purposely give false or misleading information on this
Student Signature	/ Date/

Submitting documents. You may submit your documents in several ways:

- Email to: finaid@utrgv.edu
- By mail to: UTRGV U Central, Visitors Center 1.113, 1201 W. University Drive, Edinburg, TX 78539
- Physical Drop off to locations listed below:

Brownsville U Central Location:	Edinburg U Central Location:
The Tower, Main 1.100	Student Services Bldg., First Floor
One West University Blvd.	1201 West University Drive
Brownsville, Texas 78520	Edinburg, Texas 78539
Ph: (888) 882-4026	Ph: (888) 882-4026

Fall 2024 Spring 2025 Summer 2025



2024-2025

Academic Year

Independent Verification Worksheet

IVWSHT

Student's Name:	Student ID:
• •	FAFSA) was selected for a process called verification. Please answer the ted on your FAFSA, then electronically sign the document by pressing

HOUSEHOLD SIZE

List the people in your household, including:

- Yourself (and your spouse, if applicable).
- Your children only if you and/or your spouse will provide more than half of their support from July 1, 2024 through June 30, 2025.
- Other people if they now live with you AND you or your spouse provided more than half of their support and will continue to provide more than half of their support from July 1, 2024, through June 30, 2025.

COLLEGE ENROLLMENT

Write in the name of the college/university for any of the household members who will attend college at **least half-time** between July 1, 2024 and June 30, 2025 and will be enrolled in a degree, diploma, or certificate program.

Name of Family Member	Relationship to Student	Age	College Name
	Self		UTRGV

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is ina

Student 2022 Income Information

Were you a resident of the United States in 2022? Yes No I filed a 2022 Tax Return. OR
I will file a 2022 Tax Return (was granted an extension by the IRS beyond the automatic six-months) OR
Complete this section if you DID NOT file a 2022 Tax Return.
I,am not required to file a 2022 Tax Return Student's Name
Did you earn wages in 2022? Yes No
Spouse 2022 Income Information Spouse's SSN:
Was your spouse a resident of the United States in 2022? OYes ONo
My spouse filed a 2022 Tax Return. OR My spouse will file a 2022 Tax Return (was granted an extension by the IRS beyond the automatic six-months) OR
Complete this section if you DID NOT file a 2022 Tax Return.
My Spouse, was not required to file a 2022 Tax Return. (complete if applicable) Spouse's Name
Did your spouse earn wages in 2022? Yes No
CERTIFICATION By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.
Student Date

You can upload your document(s) at Document Central: www.utrgv.edu/documentcentral