

2025-2026 Unusual Circumstances

Financial Aid regulations emphasize that parents have the primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the financial aid definition (see below), your aid eligibility is determined by using your parent(s) income and asset information, in addition to your information. Dependent students are required by law to provide parental information and signature to be considered for financial aid.

* If your answer to all of the following questions is "NO" then you are considered dependent for financial aid purposes.

- 1. Were born BEFORE January 1, 2001?
- **2.** Are you married?
- 3. Are you or will you be working on a master's or doctorate program in the 2025-2026 academic school year?
- **4.** Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
- **5.** Are you a veteran of the U.S. Armed Forces?
- **6.** Do you have legal dependents or children for whom you support at least 50%?
- 7. When you were age 13 or older, were both your parents deceased, were you in foster care or a ward of the court?
- 8. Are you an emancipated minor as determined by a court in your state of legal residence?
- 9. Are you in legal guardianship as determined by a court in your state of legal residence?
- **10.** At any time did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- **11.** At any time on or after July 1, 2024 did the director of an emergency shelter program, funded by the U.S. department of Housing and Urban Development, determine that you were an unaccompanied youth who was homeless?
- **12.** At any time on or after July 1, 2024 did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. If you cannot provide parental information for a usual reason, you may petition for a waiver of federal regulations requiring parental information. Parents' out of state residency or unwillingness to provide information as well as a student being self-supporting are <u>NOT</u> reasons to petition for independent status.

Students must document that there are compelling reasons for a petition for independent status to be approved. For the purpose of overriding dependent student status, extraordinary circumstances will include, but are not limited to, physical, mental or sexual abuse from the parents to the student, whereby student contact with parent(s) would endanger his/her well-being.

THE PETITION PROCESS:

- **1.** Complete all sections (A-E) on the back of this form.
- 2. Provide two statements in support of your independence (See section C on back)
- **3.** Your petition and documentation will be reviewed.
- 4. You will receive an email regarding the denial or approval of your petition in your Langston Email.

By signing this form you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan, or have made satisfactory arrangements to repay it, (3) will notify your school if you default on a federal student loan and (4) will not receive a Federal Pell Grant from more than one school for the same academic school year.

By signing this form, you also agree, if asked, to provide information that will verify the accuracy of your completed FAFSA pages. This information may include U.S income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other federal agencies.

Please use BLACK ink ONLY			
A. STUDENTS INFORMATION			
Student Name:		Student ID: A	
Address: Street	City	State	Zip Code
Street	City	State	zip Code
E-mail Address: Phone Number: ()			
 B. STUDENTS VERIFICATION INFORMATION (on a set of the location of both your parents. Describe the last time you had contact with your parents. Describe the last time you had contact with your parents. Explain why you cannot obtain parental information. Describe how you have been self-supporting: a. When did you start meeting your expenses. b. What is the amount and source of your annote. If annual income (stated on line b) is \$6,000. *NOTE: If you are being financially supported by anyor the following questions: 1. Describe the relationship. 2. How long have you received their support? 	parents (when, where and the on to complete the FAFSA. without parental support? ual income (wages, monetar o or less, please explain how	y gifts, etc.)? you have met living expe	
 C. OFFICIAL STATEMENTS Provide statements from TWO appropriate author presenting. Appropriate authorities include clergy, social police officers. Letters must be on an official letterhead accepted.) D. INCOME INFORMATION TO BE VERIFIED What amount of financial support have you received. What other support do you receive from your particular and approximated accepted. Provide a copy of your most recent tax return. Provide the following information about your expenses. 	I worker/ personnel, court of and have the signature of the and have the signature of the ved from your parents in the rents (i.e., health, car insurar value.	fficial, teachers, high scheauthority. (Letters fron e authority. (Letters fron e last year? \$ nce and/or room/board)?	ool counselors, and/or n relatives will <u>NOT</u> be
2023 Housing/ Utilities: Food: Transportation (car payment/insurance): Personal (clothing/phone, etc.):			
E. CERTIFICATION AND SIGNATURES: I certify that the information provided in this petimisleading information on this worksheet, you may be a constructed in the construction of the constr	oe fined, sentenced to jail <mark>o</mark> r	both.	
Student Signature:		Date:	
FAFSA Processed Previously Approved: Date Approved: Date Reviewer's Signature; Director's Signature;	Email	mented on RHACOMI	
Director 5 dignature.			