



**RANGER COLLEGE  
REQUEST FOR DEPENDENCY CHANGE  
2026-2027**

## **Instructions**

**This application is available to you if:**

1. You do not meet the definition of an independent student for financial aid purposes as defined by the U.S. Department of Education, **and**
2. You believe that you have a justifiable unusual circumstance that differentiates you from other students making it unreasonable to assess your parents' ability to contribute to your educational costs.

**To apply for a dependency change, you must submit the following to the Financial Aid Office:**

1. A completed Free Application for Federal Student Aid (FAFSA). You can fill out the form at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and submit online.
2. A completed "Applicant Form" (attached).
3. A completed "Reference Form" (attached) from your parent. If it is absolutely impossible to secure a reference from you parent, you may substitute another close relative (e.g., grandparent, aunt, uncle, etc.) and document why you were unable to secure one from your parent.
4. A completed "Reference Form" (attached) from the person with whom you reside. If you live alone, another close relative or friend would be sufficient.
5. A completed "Reference Form" (attached) from a professional (e.g., pastor, attorney, counselor, teacher, principal, employer, etc.) who is not related to you and is familiar with your unusual family circumstance.
6. Any additional supporting documentation which you believe will further justify a dependency change.
7. You may also be requested to provide additional documentation to support your application (e.g., copies of parents' income tax returns, copies of your income tax returns, etc.). You will be notified if additional documents are required.



**RANGER COLLEGE**  
**REQUEST FOR DEPENDENCY CHANGE**  
**2025-2026**  
**Applicant Form**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First MI

The 2026-2027 Free Application for Federal Student Aid (FAFSA) stipulates certain requirements that a student must meet to be considered an Independent student. If a student does not meet one of the criteria, the student may request to be an independent student due to special circumstances. The student must submit two references for documentation before the Financial Aid Director can consider your request. Leaving questions blank or not supplying financial aid with the appropriate documents requested could delay or deny your request. You will be notified in writing of the final decision.

1. Give a brief history of how and why you believe that you are independent from your parents. Include any circumstances related to your being independent such as dysfunctional family situation, no longer a ward of the court, refugee, etc. Be sure to state how long you have been independent. **(Attach additional pages if necessary)**

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2. What is the reason your parents cannot help with your education? (Attach additional pages if necessary)

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3. Did you live with either parent during the past calendar year in 2025? Yes ( ) NO ( )  
If yes, what was the last day you lived with them? \_\_\_\_\_

4. Do you receive or have you received in the past year any financial support from your parents (money, gifts, payment of bills, etc)? Yes ( ) No ( ) If yes, indicate the amount for 2025 \$ \_\_\_\_\_

5. Did you file a 2024 IRS 1040 Income Tax form? Yes ( ) No ( )  
If no, explain? \_\_\_\_\_

6. Did your parents file a 2024 IRS 1040 Income Tax Form? Yes ( ) No ( )  
If yes, attach a copy of their Tax forms. If they did not file a Federal Tax form, you must submit a signed statement from your parents stating they are not filing a 2022 tax return and will not claim you as an exemption should they file later? If you have difficulty obtaining parental tax returns (or you do not know if your parent filed due to lack of contact) you need to contact the financial aid office.

7. Will anyone besides yourself claim you as a dependent on their Federal Tax form:

For 2024? Yes ( ) No ( ) If yes, what is their name and relationship to you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

For 2024? Yes ( ) No ( ) If yes, what is their name and relationship to you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If you answered yes to either of the questions above, please submit page 1 of the tax returns

8. Please list your current permanent address \_\_\_\_\_  
Street City State  
How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_  
If less than one year, please provide previous address \_\_\_\_\_  
How long did you live at this address? Year s \_\_\_\_\_ Months \_\_\_\_\_

9. Who owns the property you now live on? \_\_\_\_\_  
How is this person related to you? ☐ Relative ☐ Friend ☐ Landlord ☐ Other \_\_\_\_\_
10. Whom do you live with when not in school? \_\_\_\_\_  
Is this person a relative? Yes ( ) No ( ) If yes, what is their relationship to you? \_\_\_\_\_
11. What are your parents names and address? \_\_\_\_\_
12. Do you have car insurance? ( ) Yes ( ) No  
If yes, who pays the premium? \_\_\_\_\_  
If yes, attach a copy of the policy.
13. Do you have health insurance? ( ) Yes ( ) No  
If yes, whose name is the policy under? \_\_\_\_\_

### Expenses

What was your monthly rent or mortgage payment in 2025?	
What was your monthly cost of utilities in 2025?	
What was your monthly cost for food in 2025?	
What was your monthly cost for vehicle maintenance in gas in 2025?	
What was your monthly cost for car payments and insurance in 2025?	
What is your current monthly cost for personal expenses (clothing, personal items, supplies, etc.)?	
What is your current monthly cost for other expenses (loans, credit cards, etc.)?	
What is your current monthly medical expense (include medical insurance)?	

### Income

	Actual 2025 (Annually)	Estimated 2026
How much income did or will you earn from work?	\$ _____	\$ _____
How much other taxable income did or will you receive (interest income, etc)	\$ _____	\$ _____
How much did or will you receive in SS Benefits?	\$ _____	\$ _____
How much did or will you receive in unemployment?	\$ _____	\$ _____
How much did or will you receive in AFDC?	\$ _____	\$ _____
How much did or will you receive in untaxed income and benefits (child support, pension plans, etc)	\$ _____	\$ _____
Did someone else pay your bills? How much did they pay?	\$ _____	\$ _____

ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE FINANCIAL AID OFFICE.

CERTIFICATION: I certify all the information of this form is true and complete to the best of my knowledge. Warning: If you purposely give false or misleading information, you may be fined 20,000, sent to prison, or both.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Ranger College on the basis of race, age, color, gender, marital status, religion, national origin, or disability.

#### FINANCIAL AID OFFICE USE ONLY:

ACTION TAKEN \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_



**Ranger College**  
**Institutional Dependency Change Request**  
**REFERENCE Form**

\_\_\_\_\_  
*Name of Applicant (Please Print)*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
*Social Security Number*

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?    Yes    No    If yes, how? \_\_\_\_\_
3. With whom does the applicant reside? \_\_\_\_\_
4. To your knowledge, has anyone, other than applicant's spouse, claimed the applicant as an income tax exemption for the following years?
- 2024    Yes ( ☐ ) No ( ☐ ) Who? \_\_\_\_\_
- 2025    Yes ( ☐ ) No ( ☐ ) Who? \_\_\_\_\_

**5. Please explain in detail what you know to be the applicant's situation. If you should need more space to explain, please attach a letter. Be specific as to why the student should be considered independent. (Please note that this is not a personal reference, but information about the student's family situation).**

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\_\_\_\_\_

\_\_\_\_\_

I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

\_\_\_\_\_  
Name of Reference (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Permanent Address/P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(     ) -     -     \_\_\_\_\_  
Phone number (including area code)

\_\_\_\_\_  
Best Time to be contacted



**Ranger College**  
**Institutional Dependency Change Request**  
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- 2024    Yes ( ☐ ) No ( ☐ ) Who? \_\_\_\_\_
- 2025    Yes ( ☐ ) No ( ☐ ) Who? \_\_\_\_\_

**5. Please explain in detail what you know to be the applicant's family situation. If you should need more space to explain, please attach a letter. Be specific as to why the student should be considered independent. (Please note that this is not a personal reference, but information about the student's family situation).**

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Signature

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\_\_\_\_\_  
Permanent Address/P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(     ) -     -     \_\_\_\_\_  
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\_\_\_\_\_  
Best Time to be contacted



**Ranger College**  
**Institutional Dependency Change Request**  
**REFERENCE**

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Name of Reference (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Permanent Address/P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(       ) - \_\_\_\_\_ - \_\_\_\_\_  
Phone number (including area code)

\_\_\_\_\_  
Best Time to be contacted.