



Independent Appeal Form

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Personal Information

Aid Year: 23/24

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Email Address: _____ Phone Number: _____

Independent Appeal Form

If you are classified as a dependent student based upon your answers in Step 3 of the Free Application for Federal Student Aid (FAFSA), you may complete this form to appeal for reclassification.

Dependent students may petition to be reclassified as independent based upon documented adverse family circumstances that make obtaining your parents' FAFSA information impossible. Examples of adverse conditions include; severe estrangement from parents, an unsafe home environment, or unknown whereabouts of your parents. Extenuating family circumstances do not include; financial hardship, parent's unwillingness to provide financial support or documenting that you are self-sufficient and not reliant upon your parents. In order for your appeal to be approved, you must be able to document that all financial and emotional contact with your parents has been severed as a result of the adverse family circumstance.

The following information must be submitted before your appeal can be reviewed:

1. A detailed narrative explaining the adverse family circumstances.
2. A letter from a professional person (counselor, therapist, member of the clergy, social worker, etc.), on letterhead, substantiating and documenting the existence of your adverse family circumstances.
3. A second letter from a person having comprehensive knowledge regarding the existence of the adverse circumstance.
4. Verification of your 2021 income
5. Verification of your current living arrangements

Section A: Please check the appropriate box

☐ I am submitting the Independent Appeal form for initial consideration during the 2023-2024 academic year. I understand that If my appeal is approved, I must submit a statement verifying that the documented adverse family circumstances still exist for each subsequent year I wish to receive financial aid.

☐ My Independent Appeal was approved at LLU in a prior academic year. I am re-verifying that the documented adverse family circumstances still exist in the section B of this form, per Federal Regulations.

****Please also complete sections C, D and the Certification Statement below.**

Please Note: All required documents must be submitted with this form.

Section B:

When was the last date you had contact with your parents? (MM/YYYY) _____ / _____

When did you last live with your parents? (MM/YYYY) _____ / _____

Have your parents provided you will support in the last 12 months? (Support includes; cash, housing, food, gifts, medical insurance, loans, college costs, etc.) ☐ No ☐ Yes (If yes, list type of support received and amount)

Type of Support received

Amount

\$ _____
\$ _____

If you have any questions, please email Finaid@llu.edu or call (909) 558-4509

Loma Linda University



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Section B cont. Written statement:

Please explain in detail the extenuating family circumstances that you believe warrant review of your dependency status. If you have had an independent appeal approved by LLU in the past, you do not have to resubmit copies of the documentation already in your file. Please attach a separate sheet if you need more space.

Section C: Verification of 2021 Income

- ☐ I have used the IRS Data Retrieval Tool on my 2023-2024 FAFSA
- ☐ I have attached a copy of my 2021 IRS Federal Tax Return Transcript and 2021 W-2 forms.
- ☐ I have not, and will not, file a 2021 Federal Income Tax return

Earnings and/or Other Income:

During 2021, I had income/earnings from the following sources in the amounts listed below: (Attach a copy of each 2021 W-2 form)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total \$ _____	

Section D: Verification of Current Living Arrangements

- ☐ I have attached a copy of my current lease or rental agreement verifying that I no longer reside in my parent's household.
- ☐ I do not have a current lease or rental agreement for my place of residence. However, I am providing a signed statement from my current landlord/roommate verifying my tenancy. (Include the following information: address of resident, first date of tenancy and monthly rent payment)

Required Signatures

I certify that all the information reported on this form is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.

Student's Signature: _____ Date: _____ / _____ / _____

Return form to:

LLU Office of Financial Aid / 11139 Anderson St. / Loma Linda, CA 92350 / Fax# (909) 558-4283

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