

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2026–2027 Dependency Appeal

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

A student may be considered independent for financial aid purposes by meeting certain criteria. Review the criteria below, noting any that apply to your situation. After review, the Financial Aid Office may request additional information or documentation. **Are you:**

- ☐ A dependent or ward of court since turning age 13
- ☐ Currently or was an emancipated minor
- ☐ Currently or was in legal guardianship
- ☐ Homeless or at risk of being homeless
- ☐ In foster care since turning age 13

If you checked any items above, you do not need to complete this appeal. Submit the “Dependency Status Verification” form instead.

If you do not meet the above requirements to be considered an independent student on the FAFSA, but believe your particular circumstances warrant further evaluation, complete the rest of this form.

The following documentation must be submitted before we can review your appeal. All information will be kept confidential.

- Detailed letter explaining your circumstances.
- Attach copies of any police or custody reports or similar materials to support your appeal.
- Two detailed letters from sources **outside of your family**, familiar with your circumstances.

The sources *must* be a teacher, minister, lawyer, physician, counselor or other professional who is willing to verify your circumstances upon request.

Answer the following questions:

What is the most recent date you lived with or received support from your parents? _____

Support includes: cash, housing, food, gifts, medical insurance, loans, college costs, etc.

Did, or will, your parent(s) claim you as a tax exemption in 2024, or 2025?

☐ Yes ☐ No

Were you, or will you be, claimed as a tax exemption by anyone in 2025 or 2026?

☐ Yes ☐ No

If Yes, who? _____

Relationship to you _____

Have you submitted a 2026-2027 Free Application for Federal Student Aid (FAFSA)

☐ Yes ☐ No

Were you approved for a Dependency Appeal at Loyola University Chicago in a prior school year?

☐ Yes ☐ No

What is your family size from July 1, 2026 - June 30, 2027? _____

Family size: Include you (the student), your spouse, your dependent children, other people living with you now.

Include these dependent children and other people only if you, will provide more than over half of support between July 1, 2026, and June 30, 2027

1D 2027

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

At any time during 2025 or 2026, did you receive benefits from any of the following federal programs?

- | | | | | | | |
|-----------------------|------------------------------------|-----------------------|--|-----------------------|---|---|
| ☐ | Earned Income Credit (EIC) | ☐ | Medicaid | ☐ | Supplemental Security Income (SSI) | ☐ None of these apply |
| ☐ | Federal Housing Assistance | ☐ | Refundable credit for coverage under a qualified health plan (QHP) | ☐ | TANF (Temporary Assistance for Needy Families) | |
| ☐ | Free or Reduced-Price School Lunch | ☐ | Supplemental Nutrition Assistance Program (SNAP) | ☐ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | |

Verification of Current Living Arrangements

- ☐ I have attached a copy of my current lease or rental arrangement.
- ☐ I do not have a current lease or rental agreement for my place of residence.

I am providing a signed statement from my current landlord/roommate verifying my tenancy include the following information: address of residence, first date of tenancy, monthly amount of rent paid

If a Dependency Appeal was approved at Loyola University Chicago in a prior school year, complete the above section and sign and date below. Letters of support or explanation of your situation are not required.

Explain why you believe you should be considered independent. Your explanation should include information about your relationship with your parents since you were 16 years old. You must indicate where you have been living for the past two years, and include how you have been supporting yourself. You may attach additional sheets to fully explain your circumstances.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I affirm the foregoing is true and correct to the best of my knowledge. I agree to supply additional documentation to the Loyola University Chicago Financial Aid Office, if requested.

Student Signature*

**Typed and digital signatures are not acceptable*

Date

1D 2027

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

I grant the person signing this form permission to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning my circumstances.

Student Signature*

**Typed and digital signatures are not acceptable*

SOURCE 1

Explain why you feel this student should be considered independent. Please feel free to attach additional pages.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I am familiar with the student's circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning this student's circumstances.

Signature* *(Typed and digital signatures are not acceptable)*

Date _____

Printed Name

Job Title

Address

Contact

Relationship to student

Number of Years Acquainted with Student

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

I grant the person signing this form permission to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning my circumstances.

Student Signature*

**Typed and digital signatures are not acceptable*

SOURCE 2

Explain why you feel this student should be considered as independent. Please feel free to attach additional pages.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I am familiar with the student's circumstances. I affirm the information provided by me is true and correct.
I agree to respond to inquiries by the Loyola University Chicago Financial Aid Office concerning this student's circumstances

Signature* *(Typed and digital signatures are not acceptable)*

Date _____

Printed Name

Job Title

Address

Contact

Relationship to student

Number of Years Acquainted with Student