

**Western Texas College**

**Office of Financial Aid**

**REQUEST FOR DEPENDENCY STATUS CHANGE**

**Reference Form (1 of 3)**

*Award Year 2018-2019*

**Applicant's Name:** \_\_\_\_\_  
Last First MI

Please answer the following questions: (Please Print Clearly)

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?  Yes  No If so, how? \_\_\_\_\_
3. With whom does the applicant reside? \_\_\_\_\_
4. To your knowledge, has anyone, other than the applicant, claimed them as an income tax exemption for the following years?

2016?  Yes  No If yes, who? \_\_\_\_\_  
 2017?  Yes  No If yes, who? \_\_\_\_\_

5. Please provide as much information as possible in regards to the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Name of Reference (Please Print):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Official Title/Relationship to Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street, Apt. #, PO Box City State Zip

**Best time to be reached:** \_\_\_\_\_

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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Western Texas College**

**Office of Financial Aid**

**REQUEST FOR DEPENDENCY STATUS CHANGE**

**Reference Form (2 of 3)**

*Award Year 2018-2019*

**Applicant’s Name:** \_\_\_\_\_  
Last First MI

Please answer the following questions: (Please Print Clearly)

- 1. How long have you known the applicant? \_\_\_\_\_
- 2. Are you related to the applicant?    Yes             No    If so, how? \_\_\_\_\_
- 3. With whom does the applicant reside? \_\_\_\_\_
- 4. To your knowledge, has anyone, other than the applicant, claimed them as an income tax exemption for the following years?  
  
2016?  Yes  No                            If yes, who? \_\_\_\_\_  
2017?  Yes  No                            If yes, who? \_\_\_\_\_
- 5. Please provide as much information as possible in regards to the applicant’s situation. If you should need more space to explain, please attach a letter or use the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Reference (Please Print):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Official Title/Relationship to Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street, Apt. #, PO Box City State Zip

**Best time to be reached:** \_\_\_\_\_

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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Western Texas College

Office of Financial Aid

## REQUEST FOR DEPENDENCY STATUS CHANGE

### Reference Form (3 of 3)

Award Year 2018-2019\*

Applicant's Name: \_\_\_\_\_  
Last First MI

Please answer the following questions: (Please Print Clearly)

- How long have you known the applicant? \_\_\_\_\_
- Are you related to the applicant?  Yes  No If so, how? \_\_\_\_\_
- With whom does the applicant reside? \_\_\_\_\_
- To your knowledge, has anyone, other than the applicant, claimed them as an income tax exemption for the following years?  
2016?  Yes  No If yes, who? \_\_\_\_\_  
2017?  Yes  No If yes, who? \_\_\_\_\_

- Please provide as much information as possible in regards to the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Name of Reference (Please Print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Official Title/Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Apt. #, PO Box City State Zip

Best time to be reached: \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_