Western Texas College

Office of Financial Aid

REQUEST FOR DEPENDENCY STATUS CHANGE
Reference Form (1 of 3)
Award Year 2019-2020

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?

   2017? □ Yes □ No If yes, who? _____
   2018? □ 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.

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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 2019-2020

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?

   2017? □ Yes □ No If yes, who? _____
   2018? □ 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.

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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 2019-2020**

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?

   2017? □ Yes □ No If yes, who? _____
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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: _____

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Signature: _____ **Date:** _____