

Financial Aid Office

1000 W Garden Ave, Coeur d’Alene, ID 83814

Phone: 208-769-3311 I Fax: 208-769-3399

Email: cardinalcentral@nic.edu

# **2025-2026 Petition for Independent Status**

When you completed and submitted your 2025-2026 Free Application for Federal Student Aid (FAFSA) your answer to the dependency status questions identified you as a dependent student. This means you were required to provide parent information. You indicated that you have unusual circumstances and were unable to provide parental information.

Federal law specifies that to the extent that your family is able, they are primarily responsible for paying your college expenses. To determine how much your family can afford to pay towards your college expenses, we must collect you and your parents’ financial information.

**Federal law allows for some exceptions if you have unusual circumstances. They include:**

* Your parents are incarcerated; or
* You have left home due to an abusive family environment; or
* You have circumstances which have resulted in family estrangement; parental abandonment; or
* You do not know where your parents are and are unable to contact them (and you have not been adopted); or
* You are a victim of human trafficking or have been legally granted refugee or asylee status.

**The following situations are not considered unusual circumstances:**

* Your parents do not want to provide their information on your FAFSA; or
* Your parents refuse to contribute to your college expenses; or
* Your parents do not claim you as a dependent on their income taxes; or
* You do not live with your parents.

**If you have unusual circumstances that would allow you to submit your FAFSA without parental information, please complete the following:**

 **Requirement 1:** Letter of explanation

 **Requirement 2:** Petition for Independent Status Questionnaire and Supporting Documents

 **Requirement 3:** Asset and Benefits Worksheet

 **Requirement 4:** Dependent Standard Verification Form

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Requirement 1: Letter of Explanation

Attach a typed letter describing the unusual circumstances which prevent you from providing parental information. The letter must include details as to when you last had contact with your parents as well as how you have been self-supporting. The letter must be typed with the student’s written signature.

## Requirement 2: Petition for Independent Status Questionnaire and Supporting Documents

Answer the following questions with as much detail as possible. Attach supporting documentation where requested.

1. Parent 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you in Contact? Yes No

1. Parent 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you in Contact? Yes No

1. Provide written evidence from at least two adults who can verify your situation. This evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any other relevant data that explains your situation. Please list individuals providing letters and their relationship to you below:

Submission 1 Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission 2 Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Requirement 3: Asset and Benefits Worksheet

Provide amounts for the items listed below:

### Student

 Cash, Savings, Checking Accounts

$

 Other Real Estate and Investment Net Worth

$

 Business Net Worth

$

Do not include the value of a small business that you/your parents own and control that has 100 or fewer full-time or full-time equivalent employees.

 Investment Farm Net Worth

$

Do not include the value of a family farm that you/your parents live on and operate.

At any time during 2023 or 2024, did you receive benefits from any of the following federal programs?

***Mark all that apply.***

 Medicaid or Supplemental Security Income (SSI)

 Supplemental Nutrition Assistance Program (SNAP)

 Free or Reduced School Lunch

 Temporary Assistance for Needy Families (TANF)

 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Requirement 4: Independent Standard Verification Form

### Household Information

List the people in your parent(s) household including:

**Yourself:**

Add your name to the line noted as Student.

**Other People:**

If someone now lives with you and you provide more than half of their support and will continue to provide this support through June 30, 2026.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Relation to Student** | **Are they currently attending or planning to attend college in 2025-2026? If so, which college.** |
|  |  | Student | North Idaho College |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Taxable Income

#### Student 2023 Tax Filing Information:

Did you or will you file a 2023 US Income Tax Return?

 Yes. This information will be or has been provided by (check one):

 Using the Data Retrieval Tool on the FAFSA to import taxes directly from the IRS.

 Submit a copy of your signed 2023 tax return.

 No. You must submit the following items:

 A 2025-2026 Non-Filing Income Statement – Dependent Student Form.

 All W-2’s for 2023.

***Signatures below must be hand written. Electronic signatures will not be accepted.***

 I certify all information reported to qualify for federal student aid is true and complete. I understand that reporting false information on these worksheets could result in a fine, jail time, or both. North Idaho College reserves the right to question the validity of any information provided.

 I certify the signatures below are those of the original person. I understand that falsifying signatures violates North Idaho College’s Code of Conduct and may result in disciplinary action.

Student Signature: Date: