

Independent to Dependent Change (ID)

Office of Scholarships and Financial Aid
Lucina Hall 245
Ball State University
Muncie, IN 47306-0880

Telephone # (765) 285-5600
Toll free # (800) 227-4017
FAX (765) 285-4247
TDD# (765) 285-2202
WWW www.bsu.edu/finaid

We have received the data from your Free Application for Federal Student Aid (FAFSA). You must respond to all item(s) listed and supply the Office of Scholarships and Financial Aid with any requested documentation.

You must complete the following statements:

PARENT MARITAL STATUS

Check your parent(s) current marital status:
__single __married __divorced __separated __widowed.
Indicate your parent(s) state of legal residence _____.
Date parent(s) became legal resident(s) of state _____.

PARENT SSN, NAME, AND DATE OF BIRTH

Father's SSN _____ Father's Date of Birth _____
Father's First Initial _____ Father's Last Name _____
Mother's SSN _____ Mother's Date of Birth _____
Mother's First Initial _____ Mother's Last Name _____

PARENT HOUSEHOLD SIZE

Your parent must complete the following statement. List information for all family members (including the student) the parent(s) will support between July 1, 2009 and June 30, 2010. Include:

1. the student;
2. parent and/or stepparent;
3. parent's other children if they will get more than half of their support from the parent(s) from July 1, 2009 through June 30, 2010, or if they would be required to provide parental information when applying for Title IV Federal Student Aid in 2009-2010;
4. all other people who now live with and receive more than half support from the parent(s) and will continue to get this support between July 1, 2009 and June 30, 2010.

Full Name	Age	Relationship to the Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of the people above, list those who are or will be enrolled in college at least half-time (6 credit hours or 12 clock hours per week) for at least one term between July 1, 2009 and June 30, 2010. To be listed here, a student must be working toward a degree or certificate leading to a recognized education credential at a college that is eligible to participate in any of the federal student aid programs. DO NOT LIST PARENT(S).

Full Name	Social Security #	Name of College
_____	_____	_____
_____	_____	_____

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PARENT 2008 FEDERAL INCOME TAX RETURN

Attach a signed copy of your parent's/stepparent's 2008 Federal Income Tax Return(s). If your parents did not file a 2008 Federal Income Tax Return check here ___ to certify that they did not and are not required to file and indicate the total earnings from work: Father \$_____. Mother \$_____.

PARENT FAFSA WORKSHEET

Enter all of the following that apply to your parents for calendar year 2008. Do not leave any item blank. If there was no income for the source listed, indicate zero.

\$_____ Child support your parent paid because of divorce or separation or as a result of a legal requirement. Don't include child support for children in your parents' household, as reported in question 66.

List the names of the children for whom child support was paid.

Name	Age
_____	_____
_____	_____

\$_____ Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.

\$_____ Student grant and scholarship aid reported to the IRS in your parents' adjusted gross income. Include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.

\$_____ Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q.)

\$_____ Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S.

\$_____ Child support received. Don't include foster care or adoption payments. Include the amounts of child support received for all dependents in 2008.

\$_____ Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).

\$_____ Veterans' noneducation benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances. DO NOT INCLUDE CVO FEE WAIVERS AT BSU.

\$_____ Any other untaxed income and benefits not reported elsewhere on this worksheet, such as Worker's Compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, disability, etc. Do not include student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer. or benefits from flexible spending arrangements, e.g. cafeteria plans.

Please list each source and amount:

Amount \$_____ Source(s) _____

\$_____ Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 50 or 1040A-line 31.

PARENT ASSETS

Your parents must complete the information below using the value as of the day the 2009-10 FAFSA was completed. Do not leave any item blank. (Net worth = total value minus total debt.)

\$_____ Parent's cash, savings and checking accounts.

\$_____ Parent's real estate and investment net worth.

(Do not include your home)

(Do not report cash, savings and checking in Item 2)

\$_____ Parent's business net worth.

\$_____ Parent's farm investment net worth.

Do you live on the farm? Yes? ___ No? ___

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Please return this letter and any requested documentation to:
BALL STATE UNIVERSITY, FINANCIAL AID OFFICE, MUNCIE, IN 47306.

CERTIFICATION STATEMENT: You and one of your parents must read and sign the following statement: I/we certify that all of the information provided on this letter and in any attached documentation is accurate and complete. If I/we purposely give false or misleading information, I/we may be fined \$20,000, sent to prison, or both.

Parent signature _____ Date _____

Student signature _____ Date _____

Student Ball State ID # _____