



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?
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.

Multiple horizontal lines for providing detailed information.

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:





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?
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.

Multiple horizontal lines for providing detailed information.

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: