

## **Parental Refusal to Complete FAFSA Documentation**

2023-24 Academic Year

First and Last Name:		EOU Student ID: 910-	
Phone Number: (	) -	EOU E-mail:	@eou.edu
federal aid. However,	, in situations where <b>y y financial support</b> , t	nstance and are unable to provide parental info your parent refuses to provide his or her inforn there is an exception that allows a student to tafford Loan only.	nation on the FAFSA and refuses to
	Loan, if you are other	your financial aid administrator may make a dete wise eligible for the loan. You may be asked for a	
By signing this workshink. We are unable to		Il of the information you will give is complete an uments.	d correct. Please sign this form in
Date:		Student signature:	
		form with all required documentation to EOU's F 104, ONE UNIVERSITY BLVD, LA GRANDE, OR 97	
	•	95. E-mail: fao@eou.edu. tic.eou.edu/share-file/financial-aid.html	More info at eou.edu/fao Questions? Call 541-962-3550.

## REQUIRED

Attach the following information to this form:

- 1. Statement from your parent(s) stating: (A) They have stopped providing financial support to you (including the date when the financial support stopped); (B) Will not provide financial support in the future; and (C) Their refusal to complete the parental section of a FAFSA.
  - If you are unable to obtain the parental statement, provide a letter from a responsible adult who is aware of your situation and can describe the nature of your relationship with your parents.
- 2. Statement from you describing: (A) Nature of your relationship with your parents; (B) Location of both parents and when you last had contact with them; (C) Why you cannot obtain information and/or support from your parents; and (D) How you have been supporting yourself financially.

INCOME [for calendar year]		Next Year
Earned income (e.g. wages, salaries, tips, work-study earnings):	\$	\$
Financial support received from parents:	\$	\$
Monetary value of other support (e.g. health insurance, room & board) received from parents:	\$	\$
Monetary value of other support (e.g. room & board) from persons other than parents: Source(s):		\$
Amount of other annual income: Source(s):	\$	\$
Amount of other annual income: Source(s):		\$
+ SUBTOTAL	\$	\$
EXPENSES [for calendar year]. If any amount is zero, please explain on a separate sheet.	This Year	Next Year
Housing:	\$	\$
Food:	\$	\$
Transportation (e.g. car payments, insurance, gas, maintenance):		\$
	\$	T
	\$	\$
Utilities (e.g. electricity, gas, water/sewer, garbage):		
Utilities (e.g. electricity, gas, water/sewer, garbage): Phone, Cable and/or Internet:	\$	\$
Utilities (e.g. electricity, gas, water/sewer, garbage): Phone, Cable and/or Internet: Personal (e.g. clothing, entertainment):	\$ \$	\$ \$
Utilities (e.g. electricity, gas, water/sewer, garbage): Phone, Cable and/or Internet: Personal (e.g. clothing, entertainment): Other (indicate source):	\$ \$ \$	\$ \$ \$
Utilities (e.g. electricity, gas, water/sewer, garbage): Phone, Cable and/or Internet: Personal (e.g. clothing, entertainment): Other (indicate source): Other (indicate source):	\$ \$ \$ \$	\$ \$ \$ \$
Utilities (e.g. electricity, gas, water/sewer, garbage): Phone, Cable and/or Internet: Personal (e.g. clothing, entertainment): Other (indicate source): Other (indicate source): Other (indicate source): - SUBTOTAL	\$ \$ \$ \$	\$ \$ \$ \$