



CHESTNUT  
HILL  
COLLEGE

9601 Germantown Avenue  
Philadelphia, PA 19118

2024-2025

## Parent Refusal to Complete FAFSA Affidavit

Federal regulations state that dependent students must provide parental information on their FAFSA. Students unable to provide parental information because their parent(s) refuse to complete the FAFSA are still dependent students and not eligible for independent status. Students may still complete the process without parental information; however, these students will only be eligible for Direct Unsubsidized Loans up to the dependent annual limit.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

### IMPORTANT NOTICE TO STUDENT

This form does not allow you to apply for financial aid as an independent student. By signing this form, you understand that you are only requesting an **Unsubsidized loan** subject to the limits for **dependent students**. No other federal or state need-based aid will be available, including the Federal Direct Parent Plus Loan. You must also submit:

- a copy of your birth certificate
- a photocopy of your parent(s) Driver's License or State ID

### PARENT SECTION (Please read and certify)

I do hereby attest that the following statements are true:

- ✓ I/we are the parent of the above-mentioned student **[and]**
- ✓ I/we have not provided financial support, room & board, medical/auto insurance for my/our child (even for short periods of time) and will not provide it in the future **[and]**
- ✓ The student does not reside with me/us **[and]**
- ✓ I understand that providing parental information on the FAFSA in no way obligates me to provide any support to my child in their pursuit of higher education, yet I (we) are **refusing to complete the parent portion of the 2024-25 FAFSA application [and]**
- ✓ I/we understand that I will not be eligible to apply for a Federal Direct Parent Plus Loan.

I (we), if married, have ceased providing any financial support effective \_\_\_\_\_ (date support ended).

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### STUDENT CERTIFICATION (Please read and certify)

You certify that all information reported on this form is complete and correct to the best of your knowledge and you authorize the Office of Financial Aid to make corrections necessary to resolve any discrepancies. If you purposely give false or misleading information, you are subject to any penalties as indicated on the FAFSA. **If you meet the conditions above, and you made a good-faith attempt, but your parent refuses to sign this form, you must contact the Financial Aid Office.** You understand that the Financial Aid Office will require additional information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

