

2023–2024 Dependency Override Request Form

A. Student Information

Student's Last Name	First Name	M.I.	Student P#/ People Code ID

The federal government defines dependency status for financial aid applicants. This form is used by a student who is classified as a dependent student based on the answers submitted in Step Three of the Free Application for Federal Student Aid (FAFSA) but believes that they should be considered independent due to unusual circumstances.

Federal regulations permit financial aid administrators to make dependency overrides on a case-by-case basis for any student with unusual circumstances. However, federal regulations **prohibit** the following circumstances (as the reason alone):

- You are financially self-sufficient.
- You do not live with your parent(s).
- You are not claimed as an exemption on your parent's federal income tax returns.
- Your parent(s) refuse to complete the FAFSA, participate in verification or pay for college.
- Your parent(s) live in a foreign country.

Unusual circumstances where an override may be considered (*must be documented*):

- An abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence),
- Abandonment by parents,
- Incarceration or institutionalization of both parents,
- Parents lacking the physical or mental capacity to raise the child,
- Parents whereabouts unknown or parents cannot be located,
- Parents hospitalized for an extended period,
- An unsuitable household (e.g., child removed from the household and placed in foster care), and/or
- Married student's spouse dies or student gets divorced.
- Other unusual circumstances not listed.

If you can document unusual circumstances, complete this form to request your dependency status be changed to independent. The outcome of your appeal depends on the information you furnish to the Office of Financial Aid. Be complete and concise. All information will be held strictly confidential.

B. Documentation for Consideration

<input type="checkbox"/>	<p>Student's Statement of Independence - A <u>typed</u> and <u>signed/dated</u> personal statement in which you explain the following:</p> <ul style="list-style-type: none"> • Reason(s) for requesting a dependency override. • History or parental relationships including timeline of events. • Current living arrangements including names and contact information of household members, if any. • How you support yourself.
<input type="checkbox"/>	<p>Third Party Affirmation - Statement(s) from the following:</p> <ul style="list-style-type: none"> • Professional adult who is familiar with and can verify your circumstances. Examples of professional adult include: law enforcement officer, clergy member, school counselor, or social worker. <i>These statements must either be on business letterhead, signed, and dated OR from a third party's business/organization email address.</i> • Relative or friend who is familiar with and can verify your circumstances. <i>Must include contact information.</i>
<input type="checkbox"/>	<p>Proof of Finances – Copy of student's 2021 IRS Federal income Tax Return OR 2021 IRS Verification of Non-Filing Letter.</p>
<input type="checkbox"/>	<p>Additional Documentation – Any documentation that supports your claim for independent status.</p> <ul style="list-style-type: none"> • Examples: Copies of reports from the courts, death certificate(s), incarceration notice(s), police report(s).
<input type="checkbox"/>	<p>Documentation Requested by Financial Aid</p> <hr/> <hr/>

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C. Certification and Signature

I certify that the information listed on this form and all supporting documents concerning my request for a dependency override are correct and complete. I also understand that all decisions are final and if the dependency override is denied that parental information will be required to process my FAFSA.

Student's Signature (Required)	Date

IMPORTANT: Requests cannot be completed until ALL documentation is received.

Starting 2024-25, students will be granted the ability to request treatment as a provisional independent student on the FAFSA for purposes of a provisional determination of financial aid eligibility as an independent student.

OFFICE USE ONLY

Initial Reviewer: _____ <div style="text-align: center;">Signature</div>	Approved Denied	Date: _____
QA Reviewer: _____ <div style="text-align: center;">Signature</div>	Approved Denied	Date: _____

Documents Attached:

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Comments and/or Notes: