

SSN: ____ - ____ - ____ - ____ - ____ - ____ STUDENT NAME: _____ REQUIRED (PLEASE PRINT)



2010-2011 Dependency Override Appeal Form

Student Address: _____

City: _____ State: _____ Zip: _____

Financial Aid regulations assume that the family has primary responsibility for meeting the educational costs of student. If you are considered a dependent student according to the financial aid definition, (see FAFSA Step 3, questions 48-54), your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, however, students should be considered independent due to **unusual circumstances** (for example, parent is incarcerated or otherwise unable to communicate due to severe health reasons, etc).

The U.S. government has identified five conditions that, individually or in combination with one another, do NOT qualify as “unusual circumstances” for a dependency override. Those circumstances that are **not** considered basis for an appeal are:

- Parent(s) unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming student as a dependent on their tax return
- Student is not being supported by parents and is completely self-supporting
- Parent(s) refuse to contribute to the student’s education
- Parent(s) live in a foreign country

If you can document why you should be considered independent for some other unusual reason, complete the following. **Please provide supporting documentation, as indicated.**

1. Identify the location of both your parents:
 Mother/stepmother: _____

Father/stepfather: _____

2. Describe the last time you had contact with each of your parents. When, where, and the nature of the contact (attach an extra page, if necessary):

Mother/stepmother: _____

Father/stepfather: _____

3. Explain the unusual circumstances that make you independent (attach an extra page, if necessary):

4. Attach statements from two responsible adults who are aware of your situation. One statement can be from a relative, friend, or acquaintance (such as a guidance counselor, physician or teacher). The other must be from someone other than a relative or friend. Such a person could be a member of the clergy, social worker, lawyer, or law enforcement officer (copies of appropriate court documents are recommended to support your application).

5. Please complete the following documentation of self-support (show amounts per month):

Monthly Expenses:

Monthly Income:

Rent/Mortgage \$ _____
 Telephone \$ _____
 Electric \$ _____
 Cable TV \$ _____
 Heat \$ _____
 Groceries \$ _____
 Transportation \$ _____
 Misc./Personal \$ _____

Employment \$ _____
 Unemployment Comp. \$ _____
 SSI/Disability \$ _____
 Worker's Compensation \$ _____
 AFDC/TNAF \$ _____
 Friend/Relative Support \$ _____
 Inheritance/Trust Fund \$ _____

Monthly Total \$ _____

Monthly Total \$ _____

6. Attach copies of the past two years' tax returns (2008 & 2009) or documentation of other income and benefits.

7. Provide the date you became self-supporting: _____

8. I certify the information provided on this form and accompanying this form is true and complete to the best of my knowledge. I agree to provide additional proof of the information that I have given on this form if asked by the Financial Aid Office:

 Student Signature

 Date

9. Verify that you have completed the items below. This will help decrease the number of times the Financial Aid Office contacts you before being able to complete the dependency override.

Dependency Override

Taxes and W-2s

Additional Documentation

- A detailed explanation is attached.
- Letters from witnesses are attached.
- The form is completed and signed.

- Taxes are signed
- Tax schedules are attached.
- W-2s add up to wages on taxes.

I have reviewed front side request for dependency override and all necessary documentation is attached

For Office Use Only

Approved

Denied

Reason _____

FAO Signature _____

Date: _____