

## 2015-2016 Dependency Override Form

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Federal financial aid guidelines state that the student and the parents/stepparents have the primary responsibility for paying postsecondary educational costs. The Department of Education determines a student's status as dependent or independent by the answers the student provides on the eight questions listed in Step Three of the 2015-2016 Free Application for Federal Student Aid (FAFSA). College financial aid administrators are authorized to exercise professional judgment in making exceptions to the federal definition of independence if a student documents extraordinary and extenuating reasons for making an exception.

In general, we will consider forms that document an "Adverse home situation" such as parental abuse, abandonment, irreconcilable estrangement from parents (estrangement must be documented). Unwillingness of a student's parents/stepparents to provide income/assets information on the FAFSA application is not considered "adverse" situation for the purposes of grant assistance. An appeal that is based solely on the fact that a parent(s) will not complete the FAFSA, or that the student does not live with or receive support from the parents, will be denied.

PLEASE READ THE FOLLOWING INFORMATION AND INSTRUCTIONS TO DETERMINE IF YOU SHOULD COMPLETE THIS FORM

**The following circumstances are not considered viable reasons for independent status:**

- You do not reside with your parents.
- Your parents do not claim you on their tax return.
- Your parents refuse to pay for your college education.
- Your parents refuse to provide information on the FAFSA or provide documents for verification.
- Your parents are not financially able to pay for your college education.
- You can demonstrate that you are self-sufficient.
- You do not want your parent's assistance to pay for college.
- Your parents live in another country.

**Allowable extenuating circumstances include such situations as the following:**

- Abuse;
- Abandonment;
- Irreconcilable differences within the family;
- Unable to locate parents;

Students who are estranged from their parents due to extenuating or unusual circumstances may complete this form to be considered for a dependency override. Adverse family situations may include: physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity or other situations beyond your control that prevents you from obtaining your parents financial information.

**Step 1: Provide a statement of your extenuating circumstance:**

- The extenuating circumstances that you believe qualify you for an exception to the federal definition of Independence.
- Describe in detail the circumstances which changed your relations with your parent(s) and when these changes occurred.
- Your current relations with your parents.
- Explain how you have supported yourself from the time your parent(s) ceased supporting you until now.

**Step 2: Provide the following supporting documentation:**

- Copies of official documents (e.g. court documents, medical records, police reports, etc.)
- Copies of the V1 Verification form, (Available on WebAdvisor)
- Your 2014 tax return transcript (available at IRS.gov)
- Your 2014 W-2's, current paystubs and/or verification of any income you receive (for non-tax filers).
- One third party letter from a professional (counselor, teacher, attorney, doctor, etc.) that knows you and your situation and can explain it in detail. This documentation must be on official letterhead and state the reason for the involuntary dissolution of the family. It must also contain a certification that in the third party's opinion, it was in the student's best interest (physical, mental, or other) to leave the home environment.

**Step 3: Complete the following Dependency Override Questionnaire:**

1) What is your parents' current address?

Mother's Address	City	State	Zip	Telephone #
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Father's Address	City	State	Zip	Telephone #
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2) When is the last time you:

a. Had contact with

Mother	____/____	Father	____/____
	Month Year		Month Year

b. Lived with

Mother	____/____	Father	____/____
	Month Year		Month Year

c. Received support from

Mother	____/____	Father	____/____
	Month Year		Month Year

3) How have you supported yourself since you left your parent(s)?

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4) What were your income and/or resources in:

	<b>2014</b>	<b>2015</b>
	1/1/14 – 12/31/14	1/1/15 – 12/31/15
Income/Wages	_____	_____
Savings	_____	_____
Public Benefits (SSI,	_____	_____
Financial Aid	_____	_____
Cash Support from Others	_____	_____
Other:	_____	_____

**Step 4: Make an appointment with your Financial Aid Coordinator:**

- Make an appointment with your Financial Aid Coordinator to submit your statement and documentation along with this form to the Financial Aid Office.

**Please Note: This form is valid for one year only. Your situation must be reviewed annually.**

**Step 5: Student Certification:**

**I certify that all information reported on this form and all attachments are true, complete and accurate. I agree to provide proof of all of the information that I have reported. I understand misleading information on documents submitted to the Financial Aid Office, I may be fined, sentenced to jail or both. I understand that I must report changes in the above information to the Financial Aid Office.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Comments: \_\_\_\_\_

**Date**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Action**  
 Approved       Denied

FA Signature: \_\_\_\_\_

Entered Override:     FAA Access to CPS Online                       on FAFSA/Renewal FAFSA