



2024-2025 Dependency Override Request Form

The Department of Education determines a student's status as dependent or independent by the answers the students provides on the Free Application for Federal Student Aid (FAFSA). **To be considered independent of your parents for financial aid purposes, you must prove that one of the following is true:**

- Be born before January 01, 2001; or
- Be a graduate or professional student; or
- Be married on the day you apply for financial aid (being separated still counts as being married); or
- You have children who receive more than half of their support from you; or
- You have dependents other than children who live with you and receive more than half of their support from you; or
- You are an orphan (both parents are deceased); or
- You were a ward of the court until age 18 or were a foster child after the age of 13; or
- You were/are in legal guardianship; or
- You were /are an emancipated minor; or
- You are an accompanied youth who was homeless or at risk of homelessness on or after July 1, 2023; or
- You are serving active duty in the U.S. Armed Forces (other than training) or a U.S. Armed Forces veteran; or
- You have special and unusual extenuating circumstances that can be DOCUMENTED for your financial aid administrators, who may then request a "dependency override" on the FAFSA application.
(NOTE: Exceptions are granted very rarely and only in extreme cases.)

If NONE of the above criteria apply to you, you are a DEPENDENT student.

IMPORTANT:

Many students feel that they should be able to declare INDEPENDENT status because they live on their own, file their own taxes, or receive no support from their parents, but those reasons will not constitute as extenuating circumstances to merit a dependency override. Unfortunately, the Department of Education is extremely strict with regard to determining dependency status.

DIRECTIONS: After reading the information above carefully, if you feel you can substantiate an extenuating circumstance, then complete this form and the Third Party Verification Form and submit it to the Financial Aid Office (FAO). Your request will be reviewed by the FAO. Committee.

THE FINANCIAL AID COMMITTEE DECISION IS CONSIDERED FINAL AND CANNOT BE APPEALED

(Dependency Override Form - Please answer ALL of the following questions:)

STUDENT:

Last Name: _____ First Name: _____ Contact Phone# : _____

Student ID#: _____ SSN (**Last 4-digits**): _____ Date of Birth: ____/____/____

Address: _____
Street City State Zipcode

Biological Parents **MOTHER** Deceased : Yes () No () Don't Know ()

FATHER Deceased : Yes () No () Don't Know ()

Name: _____

Address: _____

Phone #: _____

1. When was the last time you lived with your **Mother**? _____ **With your Father**? _____
Month / Year Month / Year

2. When was the last time you had contact with your **Mother**? _____ **With your Father**? _____
Month / Year Month / Year

3. When did your **Mother** last provide support? _____ **Your Father**? _____
Month / Year Month / Year

4. What are your present living arrangements (Who do you live with? How much do you pay each month for Rent? When did this arrangement begin?)

5. How do you support yourself and meet your current living expenses?

6. Why are your parents no longer able to support you? Explain in detail the circumstances involving your parents inability or unwillingness to support you. Attach a separate sheet of paper if necessary to provide additional information that you feel supports your request to be considered as an independent student.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT MAY BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM, I MAY BE FINED \$10,000, SENT TO PRISON, OR BOTH.

Student Signature

Date

FOR OFFICE USE ONLY: Using Professional Judgment, this Student is:

Independent _____

Dependent _____

Comments: _____



Third Party Verification

To The Student: PLEASE GIVE THIS FORM TO THE THIRD PARTY PROFESSIONAL SUCH AS COUNSELORS, TEACHERS, CLERGY, COMMUNITY GROUPS, GOVERNMENT AGENCIES, MEDICAL PERSONNEL, COURTS, OR POLICE OFFICER/ ADMINISTRATORS WHO HAVE KNOWLEDGE OF THE UNUSUAL CIRCUMSTANCES OF YOUR SITUATION. HAVE THE THIRD PARTY REPRESENTATIVE COMPLETE THE WRITTEN VERIFICATION FORM WITH AN OFFICIAL LETTERHEAD OR SUBMIT AN OFFICIAL BUSINESS CARD ALONG WITH THIS FORM.

STUDENT NAME: _____ STUDENT ID#: _____ DATE OF BIRTH: _____

PLEASE DESCRIBE THE ABOVE NAMED STUDENT'S HOME SITUATION WITH HIS/HER PARENTS IN ENOUGH DETAIL SO THEN THE FINANCIAL AID OFFICE MAY DETERMINE IF THERE IS AN ADVERSE HOME SITUATION. (ATTACH ADDITIONAL SHEET IF NECESSARY AND BE SURE TO SIGN STATEMENT AND ATTACHMENTS)

Multiple horizontal lines for writing the student's home situation details.

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MAY BE CONTACTED BY A FINANCIAL AID ADMINISTRATOR FOR VERIFICATION OF INFORMATION.

Form fields for Third Party Signature, Date, Third Party Name Printed, Contact Telephone Number, Address, City, State, Zip Code, Relationship to Student, and Length of Time Known Student.