

2016-2017 Request for Dependency Override

Print Student Name

SSN/ID

Unless you meet one of the following criteria for independent status, your parent(s) must normally provide income and asset information on the Free Application for Federal Student Aid (FAFSA) and must sign it. The US Congress and Department of Education determine the criteria for whether a student dependent or independent for financial aid purposes.

- Were you born before January 1, 1993?
- As of today, are you married? (Also answer "Yes" if you are separated but not divorced.)
- At the beginning of the 2016-2017 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)?
- Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
- Are you a veteran of the U.S. Armed Forces?
- Do you have children or will have children who will receive more than half of their support from you between July 1, 2016 and June 30, 2017?
- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2017?
- At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
- As determined by a court in your state of legal residence, are you or were you an emancipated minor?
- As determined by a court in your state of legal residence, are you or were you in legal guardianship?
- At any time on or after July 1, 2015, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2015, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2015, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Appeal to Dependency Status

An appeal to your dependency status may be warranted if an unusual, mitigating circumstance exists between you and your parent(s). This cannot be based on whether your parent(s) *want* to complete the form or *want* to provide you with the help to pay for college expenses (See bottom of page). It must be based on an unusual circumstance. Possible reasons that might warrant an appeal to your dependency status are listed below:

1. Your parent(s) is/are incarcerated.
2. Your parent(s) live(s) in a war-torn country, and you are unable to communicate/correspond with them.
3. Your parent(s) is/are mentally incapacitated.
4. You are estranged from your parent(s) because of an abusive relationship.
5. Other mitigating circumstances as documented by the applicant.

Instructions for Requesting a Dependency Override

1. On a separate sheet of paper, clearly explain the circumstances regarding your request for independent status. Please include the date, location and reason for your last contact with your parent(s). If both biological parents are living, and you have not been adopted by someone else, you must include this information for each biological parent.
2. Provide a statement from an individual, other than your parent(s) or other family member(s), who can confirm your statement. This should be from an objective third party with no material interest, such as a counselor, social worker, doctor, clergy member, etc.
3. Complete the income and expense information on the back of this form.
4. **Complete the 2016-2017 FAFSA (at www.fafsa.gov) without parental information, sign and date it.** If your appeal is approved, the dependency override will be performed electronically.

Note: You will normally be notified of the decision within two weeks. The Financial Aid Office may request additional information from you before making a decision.

Please complete the following information.

Did anyone claim you on their 2015 Federal Income Tax Return?

NO

YES Person's Name: _____ Relationship to you: _____

Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2015?

NO

YES List the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2015.

Provide the following information (you may be asked to provide documentation) about your expenses PER MONTH in 2015 and 2016. If any amounts are zero, explain the reason.

Expenses	2015	Support provided by:	2016 Estimate	Support provided by:
Housing (rent, mortgage)	_____	_____	_____	_____
Child Care	_____	_____	_____	_____
Food	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Personal	_____	_____	_____	_____
Auto (car payments, insurance, and maintenance)	_____	_____	_____	_____
Tuition, Fees, Books, and Supplies	_____	_____	_____	_____
Other Expenses	_____	_____	_____	_____
Total MONTHLY Expenses	_____	_____	_____	_____

If you entered "0" for any of the items listed above, please explain:

I certify that all of the information listed on the form concerning my request for a dependency override is correct and complete. Penalties provide for a fine of \$20,000, or imprisonment, or both, if a person embezzles, steals, or obtains funds by false statement or forgery.

Student Signature

Date

Warning: According to the Department of Education, the following is not considered when evaluating dependency overrides:

- Not being claimed on your parents tax returns
- Not living with your parents
- Financial independence