



2015 – 2016 REQUEST FOR REVIEW OF DEPENDENCY STATUS

Table with 4 columns: Deadlines, Attending Fall 2015 Only Form Due: 11/12/2015, Attending Fall 2015 and Spring 2016 OR Spring 2016 Only Form Due: 04/14/2016, Attending Summer 2016 Only Form Due: 07/14/2016

Student Name: _____ ID# _____

A student is considered “dependent” and must provide parental information unless the student meets one of the following conditions:

- Born before January 1, 1992.
➤ Married when the FAFSA application was completed and dated.
➤ Working on a master’s or doctorate degree at the beginning of the 2015-16 school year.
➤ Is currently serving on active duty in the U.S. Armed Forces for purposes other than training.
➤ Veteran of the U.S. Armed Forces.
➤ Have children who receive more than half of their support from you between July 1, 2015 and June 30, 2016.
➤ Have dependents (other than children or spouse) that live with you and receive more than half of their support from you, now and through June 30, 2016.
➤ 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? (this does not include person confined in juvenile or state facilities)
➤ 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 as determined by a court in your state of legal residence?
➤ At any time on or after July 1, 2014, 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, 2014, 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, 2014, 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?

If your family situation involves an unusual circumstance that make it impossible for you to have contact with parents such as those described below, you may request a review of your dependency status. All requests will be reviewed by the Financial Aid Office, but not all requests are granted.

Examples of unusual circumstances are:

- Parent is developmentally challenged or in prison.
➤ Student suffered parental abuse and it is documented by an agency or the court.
➤ Death of parent after filing the FAFSA.
➤ Other unusual circumstances that restrict your contact with parent(s).

FOR OFFICE USE ONLY

Given by: _____ Date _____ Accepted by: _____ Date _____

Student Name: _____ ID # _____

Note: Being considered independent does not automatically make you eligible for more financial aid. You may actually have more financial aid eligibility as a dependent student.

Review the Following Guidelines Before Filing this Appeal
You are not automatically independent if you:

- Decided to move away from the home of your parent(s).
- Are unwilling to seek financial assistance from your parent(s).
- Are able to pay for your own educational expenses.
- Your parent(s) are unwilling to provide parental data on your financial aid application.
- Your parent(s) request that you move away from their home.
- Your parent(s) live in another state or out of the country and cannot be contacted by normal correspondence (i.e., mail, e-mail)

We must have additional information and documentation of your family circumstances for our office to consider your request for review of dependency status. Please follow the instructions below:

We can review your appeal once the following information has been submitted:

- 1. A detailed, legible letter explaining the adverse family circumstances (see page 3).
- 2. **Two Reference Letters:** One from a professional, (i.e.; counselor, therapist, social worker, etc.), on business letterhead. Second reference letter from a person (i.e.; relative, friend, neighbor) having comprehensive knowledge regarding the existence of the adverse condition. Both letters must provide following information:
 - How long have you known the student?
 - Provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s). Include why the student cannot provide parental information on the financial aid application.
 - When was the last day you were aware that the student received financial support from his/ her parent(s) and/ or lived with his/her parents?
 - How is the student supporting himself/herself?
 - Your relationship to student. **Reference name, contact phone number and address on letter, signed and current dated.**
- 3. Completed FAFSA Application.
- 4. Completed V1 verification worksheet.

Section A: Total Resources from January 2014 to December 2014

List all of the sources and other income available for your financial support. Do not leave any answers blank. If the answer is zero indicate "0". **Please report Annual Income Amount for 2014.**

Earnings and/or Other Income: I had income/earnings from the following sources in the amounts listed below:

- | | | |
|----|----------------------|----------|
| 1. | Total Income/Wages | \$ _____ |
| 2. | Savings | \$ _____ |
| 3. | Financial Aid Grants | \$ _____ |
| 4. | Support from others | \$ _____ |
| | Total | \$ _____ |

Please attach a detail statement explaining your unusual family circumstances that warrant a review of your dependency status.

Student Certification

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.

I further understand that this process can take up to 6 to 8 weeks for a final decision and that I will be notified by mail of the decision.

I also understand that by filing this Dependency Override Appeal, I may not meet other financial aid deadlines for Federal or State program(s).

Student Signature: _____ **Date:** _____

Student Name: _____ **ID#** _____

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Professional Judgment for Dependency Override

Advisor Comments:

Approved *Denied*

Advisor Signature _____ Date _____

Director/Assistant Director Comments:

Approved *Denied*

Director/Assistant Director _____ Date _____

Approval/Denial Letter sent to student on _____