Request for Dependency Override
2015 - 2016

Print Student’s Name (First Name, Last Name) ____________________________  Student ID: __________

You indicated on your FAFSA that you are unable to provide parental data. Your FAFSA must be reviewed by our office to determine your eligibility. Federal regulations permit financial aid administrators to make dependency overrides on a case-by-case basis for students with unusual circumstances.

However, none of the conditions listed below, individually or in combination, qualify as unusual circumstances meriting a dependency override:

1. Parents refuse to contribute to the student’s education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

Unusual circumstances do include an abusive family environment or abandonment by the student’s parents. If you do have unusual circumstances, complete this form to request a review of your current dependent status.

To be considered for a dependency override, the following documentation must be submitted along with this form.

1. Student’s Statement of Independence – see page 2
2. Third Party Affirmation from a professional that is not a relative (i.e., social worker, teacher, clergy, etc.) who has personally witnessed the unusual circumstances - see page 3
3. Additional documentation that supports your claim of independence based on the unusual circumstances listed above (i.e., court documentation, death certificates, incarceration notice, police report, etc.)

I certify that the information listed on this form and all supporting documents concerning my request for a dependency override are correct and complete. I also understand that all decisions are final and if the dependency override is denied that parental information will be required to process my FAFSA.

_________________________________________  ____________________________
Student’s Signature  Date
Student’s Statement of Independence

You have indicated that you have unusual circumstances which prevent you from providing parental data on your FAFSA. **Unusual circumstances** include an abusive family environment or abandonment by your parents. If you do have unusual circumstances, complete this form as a statement of your current situation.

Print Student’s Name (First Name, Last Name) _______________________________  Student ID: ________________

Mother’s Name ____________________________________  Father’s Name ____________________________________

1. Why are you unable to provide information for your FAFSA?

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Reason</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>My parent is incarcerated.</td>
<td>Dept. of Corrections Copy of Offender Notice</td>
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<tr>
<td></td>
<td></td>
<td>My parent is deceased.</td>
<td>Copy of Death Certificate or Obituary.</td>
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<td>My parent’s location is unknown.</td>
<td>Attach a typed explanation.</td>
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<td></td>
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<td>My parent was abusive.</td>
<td>Attach a typed explanation.</td>
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<td>My parent neglected me.</td>
<td>Attach a typed explanation.</td>
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<tr>
<td></td>
<td></td>
<td>My parent abandoned me.</td>
<td>Attach a typed explanation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td>Attach a typed explanation.</td>
</tr>
</tbody>
</table>

2. When is the last time you have….  Month/Year

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Lived with your mother?</td>
<td>/</td>
</tr>
<tr>
<td>Had contact with your mother?</td>
<td>/</td>
</tr>
<tr>
<td>Lived with your father?</td>
<td>/</td>
</tr>
<tr>
<td>Had contact with your father?</td>
<td>/</td>
</tr>
</tbody>
</table>

3. Where are your parents currently residing?

Mother’s address: __________________________________________________________________________

Father’s address: __________________________________________________________________________

4. Describe your living arrangements for the past year, including with whom you currently reside, along with an explanation of how you have supported yourself. Attach separate paper, if needed.

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

I hereby certify that the information listed on this form is true and complete.

Student Signature ___________________________  Date ___________________________
Third Party Affirmation

Print Student’s Name (First Name, Last Name) ________________________________   Student ID: ________________

The student listed above has indicated that they have unusual circumstances which prevent them from providing parental data on their FAFSA, a federal application used to award financial aid for college. Unusual circumstances include an abusive or neglectful family environment or abandonment by their parents.

A Third Party Affirmation from a professional that is not a relative (i.e., social worker, teacher, clergy, etc.) who has personally witnessed the unusual circumstances is preferred.

You may complete this affidavit in support of this student’s claim if you are not related to the student, if you are at least 25 years of age, if you have personal knowledge of the unusual circumstances, and if you have known this student for at least 3 years.

1. How long have you known this student? __________________________________________

2. Have you had any contact with:
   - This student’s mother? ☐ Yes ☐ No
   - This student’s father? ☐ Yes ☐ No

3. When was the last time you had contact with:
   - The student’s mother: _______ / _______  Month Year
   - The student’s father: _______ / _______  Month Year

4. Please attach a typed statement regarding your personal observations of the student’s family history and the student’s relationship with their parents.

Affirmant’s Name (Print): _________________________________________________________ Age: __________

Phone: __________________________ Relationship to Student: ____________________________

Address: _________________________________________________________________

Employer: _________________________________________________________________

Occupation: ________________________ Contact email: _____________________________

I hereby certify that the information listed on this form is true and complete.

_______________________________________________________  _____________________________
Signature                                                                                           Date