



2017-2018 Dependency Override Form

A. Completing this form.

For consideration of this waiver, you must complete this form and attach the supporting documentation listed below. Incomplete applications can not be reviewed. Students must re-apply for a dependency override each year. The deadline date for submission of all materials is the 12th class day of the first semester of the student's enrollment for the academic year.

B. Purpose of Dependency Override

According to the federal regulations, dependent students are required to use natural or adoptive parents' information only when completing the Free Application for Federal Student Aid (FAFSA). On a case-by-case basis the Office of Student Financial Assistance may make a professional judgment and waive the submission of parental information for dependent students.

By Law, The following conditions do not qualify as "unusual circumstances" or do not merit a dependency override (1) parents refusing to contribute to a student's education; (2) Parents unwilling to provide information on the application or for verification; (3) parents not claiming the student as dependent for income tax purposes;(4) students demonstrating self-sufficiency. Also, A student not living with their parents does not automatically qualify the student for a dependency override.

C. Applicant name and address (please print)

Form fields for Student's First and Last Name, Address, Email Address, Student ID Number, and Preferred Phone Number.

D. Required Documentation (all students)

The following items must be submitted with this form for the appeal to be considered. Incomplete appeals will not be reviewed.

- 1. A brief letter of explanation. The letter must explain why you are requesting a dependency override explain the current status of your relationship with parents; indicate with whom you are currently residing; and explain how you paid for your living expenses in 2015.
2. Did you file a 2015 IRS tax return?
3. Two letters from independent sources such as a teacher, the AFDC agency, a social worker, a psychologist, a minister, a counselor, the organization with which you lived in 2015 or some other official source who can verify your independence from your parents.

E. Student's Certification:

Warning: By signing this form you confirm that the information is true. If you use this form to establish eligibility for federal student aid and purposely give false or misleading information, you may be fined \$10,000, sentenced to jail or both.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY --Do not write below this line

Action taken: Approved _____ Denied _____
Professional judgment comments:

Reviewed by: _____ Date: _____