

## 2025-2026 DEPENDENCY OVERRIDE REQUEST/UNUSUAL CIRCUMSTANCES

Dependency overrides are intended for students who can prove and fully document exceptional circumstances. We cannot approve requests for students whose sole reason for the request is because their parents are unwilling to provide parental information or for students who have chosen to live on their own.

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the seven questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parent or spouse, if applicable) are considered the primary source of support for postsecondary education.

**Please Note: The Financial Aid Administrator's decision is final and cannot be appealed to the U.S. Department of Education.**

Examples of unusual circumstances include:

- A student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety and, due to these conditions, parent support was terminated.
- Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
- Other extenuating circumstances that can be sufficiently documented.

In recent years, the U.S. Department of Education has identified four conditions that, individually or in combination with one another, do not qualify as "unusual circumstances" or that do not merit a dependency override. Those circumstances are:

- Parents' unwillingness or inability to contribute to the student's education.
- Parents' unwillingness to provide information on the application or for verification.
- Parents not claiming the student as a dependent for income tax purposes.
- Student can demonstrate total self-sufficiency.

**Please note:**

- If your appeal is incomplete or submitted without the necessary documentation, processing of your appeal will be delayed until the additional information is obtained.
- Submission of an appeal does not guarantee your request will be approved.
- If approved, the dependency override is valid for only one academic year. Approval in one year does not guarantee approval in following years. Your status must be reassessed each academic year.
- You will be notified in writing of the outcome of your dependency override request. Please allow approximately four weeks from the date we receive your completed form and all supporting documentation before contacting our office regarding the status of your request.

**INSTRUCTIONS:** Complete **ALL** required information on this form.

- Attach a typed (or neatly hand-written), signed statement that explains in detail the extreme, unique and/or unusual family circumstances that prevent you from obtaining and providing your parents' information for your financial aid application.
- Attach a signed copy of your **2023** Federal Income Tax Return and W-2s if you filed taxes, or a copy of your **2023** W-2s if you were employed but did not file a tax return. If you were not employed, provide a statement explaining how your living expenses were covered.
- Attach court or other official documentation of your status (e.g., guardianship, Health and Human Services documentation).
- Attach a signed statement from a third party who is knowledgeable of your family situation and can verify the reason you are unable to provide your parent's information. The third-party letter must include:
  - How long the third-party has known the student.
  - The third-party's relationship to the student.
  - When was the last time the student lived with and/or received financial support from his/her parents?
  - Any knowledge of his/her relationships with the parents.
  - The steps the student has taken to establish his/her independence from the parents.
- This third party should be someone unrelated to you and should be on letterhead. Appropriate third-party statements are from clergy, school counselors, teachers or similar professions.

### 2025-2026 DEPENDENCY OVERRIDE/UNUSUAL CIRCUMSTANCES REQUEST

Name \_\_\_\_\_ Student ID#   N00   \_\_\_\_\_

Phone \_\_\_\_\_ your address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

What are your present living arrangements? (With whom do you live with and since what date)

\_\_\_\_\_  
\_\_\_\_\_

When did you last live with your parent(s)? \_\_\_\_\_

When did your parent(s) last provide any monetary support for you? \_\_\_\_\_

When did you last have contact with your parent(s)? \_\_\_\_\_

How often do you have contact with your parent(s)? \_\_\_\_\_

How do you support yourself and meet your living expenses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you covered by your parent(s) medical insurance?  Yes  No

Are you covered by your parent(s) car insurance?  Yes  No

Check here if you have your own medical and/or car insurance.

#### Student Certification

By signing below, I agree to provide additional documentation deemed necessary by the Financial Aid department, including court documents. I further certify that all information contained on this form and in the supporting documentation is true and correct to the best of my knowledge. I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office. Purposely providing false or misleading information can result in fines, imprisonment, or both.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_