



Dependency Override

2024-2025

Student's Name: _____

Last

First

MI

Date of Birth: ____/____/____ Student ID: _____ Phone: _____-_____
Month Day Year

The Department of Education allows Financial Aid administrators the authority through Section 480(d)(7) of the Higher Education Act to change a student's status from dependent to independent in cases involving unusual circumstances. Below you will find the situations that will be considered.

Unusual Circumstances refer to the conditions that justify making an adjustment to a student's dependency status. More than one may be applicable to your situation.

- Abandonment of Parents;
- A student who does not wish to communicate with parents or who is not claimed on the parents' income tax;
- A student who demonstrates total self-sufficiency and does not meet at least one of the current definitions of an independent student (as established on Section 3 of the (FAFSA® application);
- A student who has been previously considered independent for the purposes of receiving **Abandonment of Parents** or **Death of Both Parents** aid but does not meet at least one of the current definitions of an independent student (as established on Section 3 of the (FAFSA® application);
- A student who is divorced at the time of filing and does not meet one of the current definitions of an independent student (as established on Section 3 of the (FAFSA® application).

Minimum required documentation (additional documentation may be requested):

Completed 2024-25 FAFSA® application

A **signed**, letter from you, the student, explaining your request for a Dependency Override. This letter needs to include detailed information on the whereabouts of both parents and the status of your relationship with them as well as any unusual circumstances you would like to have considered.

A **signed** letter, **on letterhead** that can attest to your independent status, as well as the whereabouts of both of your parents and your relationship with them, from a third-party official such as clergy, doctor, lawyer, teacher, counselor/psychiatrist/psychologist, government agencies, courts, prison administrator, etc. In lieu of a signed letter from a third-party, you may provide a legal document stating that you were removed from the custody of your parents or are a Ward of the Court.

Note: Current letters are required; they should be dated no later than 90 days from the date of this request.

Student Information:

Address: _____ City: _____ State: _____ Zip: _____

Parent Information (if you are unaware of your parent's address, please indicate unknown): **PLEASE DO NOT LEAVE ANY ITEM BLANK**

Parent 1 Name: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Parent 2 Name: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

1. When was the last time you had contact with your Parent 1: _____ Parent 2: _____

2. If you do not live with your parent(s), with whom do you live? _____

Signature

A Financial Aid Administrator will review this application. The final decision cannot be appealed.

By signing below, I the student acknowledges and confirms that the information above is true and correct to the best of my knowledge and belief. I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years. If you

Student's **N**ame: _____ Signature: _____

Student's Name: _____, _____ Student ID: _____

Financial Aid Office Use Only

Status of Request:

☐ Approved ☐ Denied

The reasoning for this decision based on the guidelines and regulations from the Department of Education is as follows:

Director of Financial Aid's Signature

Date Notification Mailed: