



EASTERN CONNECTICUT STATE UNIVERSITY

Office of Financial Aid & Veterans Services
 Wood Support Services Building
 83 Windham Street, Willimantic CT 06226

DEPENDENCY OVERRIDE APPEAL Form 2011-2012

Name _____ ID # _____

Address _____

Telephone # _____ Cell # _____

Email Address _____

A dependency override generally can be **CONSIDERED** for an otherwise dependent FASFA applicant if one or more of the following conditions are cited (and documented) by the applicant:

1. An emotionally or physically abusive, unhealthy, or unsafe family environment exists
2. Abandonment or neglect of the student by the parent(s) have occurred
3. The custodial parent(s) is incarcerated
4. The student has been removed from the parent(s) residence by court order
5. Other unusual or extraordinary circumstance, events, or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FASFA an answer of “yes” to any one of these items, in
6. Other supporting documentation such as police reports or court orders

The Federal Higher Education Act, prescribes regulations regarding a student’s dependency status. In accordance with US Department of Education guidance, a dependency override **cannot** be approved for an otherwise dependent financial aid (FASFA) applicant if the following conditions are the only circumstances cited by the applicant:

1. The student claims financial self-sufficiency.
2. A parent is UNWILLING to contribute financially toward the student’s educational and living expenses.
3. A parent is UNWILLING to provide information required on the student’s FASFA or to assist in completing the verification process, and/or
4. A parent DOES NOT claim the student as a federal income tax exemption.
5. You and your parents have disagreements resulting in a strained relationship

Instructions: Dependency appeals must be completed and reviewed on a yearly basis.

Please complete this form and provide the following:

1.) Two signed statements

Please provide a statement from two adult professionals who are not family members that verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, law enforcement officers, Department of Child and Family staff, and officers of the court. Letters must be signed originals on agency letterhead with professional title. Please note one letter must be from a non ECSU source.

2.) Notarized personal statement

Provide a notarized personal statement (preferably typed), with signature and date. Your statement should COMPLETELY and EXPLICITLY explain the basis of your appeal. Please note that your statement is completely confidential and will be used solely for the determination of this dependency appeal.

3.) Complete “Monthly Expense Worksheet” & the “Income Worksheet”**Monthly Expense Worksheet**

Expense	Monthly Cost	Who pays or provides it
Housing		
Utilities		
Cable		
Food		
Clothing		
Transportation		
Medical/Dental		
Health Insurance		
Auto Insurance		
Personal		

Income Worksheet

Income	Monthly	Source
Wages		
Untaxed Income		
Cash support/gifts		
Other		

4.) Provide copy of lease, health insurance card, car insurance policy, and car registration.

Please note that we may request additional supporting documentation.

5.) Answer the following questions:

1. How long have you been living on your own? _____

2. Do you or have you in the past year received financial help from anyone? List the estimated value of all bills or expenses that were paid on your behalf:

3. When were you last claimed as an exemption on your parent(s) federal tax return? _____

We may request copies of your parent(s) tax returns.

4. When did you last live with your parent(s) for more than one month?

5. Name address & telephone # of your father

6. Name address & telephone # of your mother

We reserve the right to contact your parent(s)

6.) Your Comments, if any (use the space only; do not write on back):

I certify that all the information submitted in this petition for Dependency Override is correct and true. I understand that this decision affects only my application for financial aid at Eastern Connecticut State University. I further understand that, if granted, a new petition must be submitted each financial aid year.

Student Signature

Date