DEPENDENCY OVERRIDE REQUEST INSTRUCTIONS 2011-2012

The Financial Aid and Scholarships Office is required by federal law to consider parental contribution for all students applying for federal financial aid unless they meet one of the following:

Conditions for Independent Student Status:

- Were you born before January 1, 1988?
- As of today, are you married, separated or divorced?
- At the beginning of the 2011-2012 school year, will you be working on a master's or doctorate program?
- Are you currently serving on active duty in the U. S. Armed Forces for purposes other than training?
- Are you a veteran of the U. S, Armed Forces?
- Do you have children who will receive more than half of their support from you between July 1, 2011 and June 30, 2012?
- Do you have dependents (other than your children or spouse) whom lives with you and receives more than half of their support from you, now and through June 30, 2012?
- At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?
- Are you, or were you an emancipated minor as determined by a court in your state of legal residence at the time you received the determination?
- Are you, or were you in legal guardianship as determined by a court in your state of legal residence at the time you received the determination?
- At any time on or after July 1, 2010, did your high school or school district's homeless liaison determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2010, did the director of an emergency shelter or transitional housing program funded by the U. S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2010, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. If the administrator determines that an override is appropriate, the administrator must write a statement detailing the determination in the student's file. However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

- parent(s) refuse to contribute to the student's education;
- parent(s) are unwilling to provide information on the FAFSA or for verification;
- parent(s) do not claim the student as a dependent for income tax purposes;
- student demonstrated total self-sufficiency

Unusual circumstances do include an abusive family environment or abandonment by parents and may cause any of the above conditions.

The Financial Aid and Scholarships Office may override your dependent status if you provide this office with sufficient documentation to prove the existence of unusual circumstances that make it impossible for you to have contact with your parents. If you feel you should be considered for a dependency override, you may make a request using the attached Dependency Override Request packet. Your request must be submitted in its entirety. Failure to provide all documentation, forms and references will result in automatic denial of your request.

The following items are needed in order for us to review your request: (Additional documentation may be requested later.)

1. Completed Dependency Override Request Form (attached).
2. Statement of Unusual Circumstances (attached) or separate letter providing reasons that necessitate your being independent of your parents' support.
3. Completed Reference Forms (attached) from at least three (3) people who are aware of your dependency status and can attest to your family circumstances. These references may be from your high school principal, counselor, teacher, attorney, pastor, close relative, a long-time family friend or neighbor, your parent's (guardian's) employer or co-worker.
4. Verification Worksheet for Independent Student 2011-2012 (attached). If Dependency Override is denied, you will need to complete the Worksheet for Dependent Student.
5. Copy of your 2010 income tax form with W-2s or a letter indicating your 2010 earnings.
6. Copy of your Birth Certificate
7. If you lived with someone other than your biological parents while attending high school, provide a copy of your high school transcript.
8. Any additional supporting documentation which you believe will further justify a dependency override.

The Financial Aid Administrator's decision is final and cannot be appealed to the Department of Education. Each award year is based on current circumstances. Therefore, you must reapply each award year for Dependency Override consideration.

DEPENDENCY OVERRIDE REQUEST FORM 2011-2012

Return completed form to:

Financial Aid and Scholarships Office
Box 2328
Huntsville, TX 77341-2328
936.294.1774 office
936.294.3668 fax

Student Name _____ SAM ID _____

Where do you reside when school is not in session? (The address should be one other than University Housing.)
Permanent Address: _____
Street, Apt#, P.O. Box *City* *State* *ZIP*
Phone Number: _____ E-mail address: _____

Is the owner of the property listed above a relative? ☐Yes ☐No

If yes, state relationship to you _____

Are you currently covered under someone else's medical insurance? ☐Yes ☐No

If yes, list name of insured and their relationship to you:

Will you be operating a motor vehicle on campus? ☐Yes ☐No

If yes, who owns the title to the vehicle and what is their relationship to you? _____

Is the insurance on the vehicle in your name? ☐Yes ☐No

If no, provide name of insured and relationship to you _____

What is your current marital status? ☐Single ☐Married ☐Divorced/Separated

If divorced or separated, how long were you married? _____ Date of divorce or separation _____

Who claimed you on their 2010 Federal Income Tax Return? ☐Myself ☐Spouse ☐Parent ☐Other

If other, provide name and relationship of person claiming you _____

REQUIRED DOCUMENTATION and/or FORMS

- ☐ This Dependency Override Request Form, completed by you.
- ☐ Your Statement of Unusual Circumstances or a separate letter providing reasons that necessitate your being independent of your parents' support.
- ☐ Completed Reference Forms (attached) from at least three (3) people who are aware of your dependency status and can attest to your family circumstances. These references may be from your high school principal, counselor, teacher, attorney, pastor, close relative, a long-time family friend or neighbor, your parent's (guardian's) employer or co-worker.
- ☐ Verification Worksheet for Independent Student 2011-2012 (attached). If Dependency Override is denied, you will need to complete the Worksheet for Dependent Student.
- ☐ Copy of your 2010 Federal Income Tax Return and W-2s or a letter indicating your 2010 earnings, and/or tax forms of person who claimed you in 2010
- ☐ Copy of your Birth Certificate
- ☐ If you lived with someone other than your biological parents while attending high school, provide a copy of your high school transcript.
- ☐ Any additional supporting documentation which you believe will further justify a dependency override.

CERTIFICATION AND AUTHORIZATION

I certify that all the information on this form is true and correct to the best of my knowledge. I understand that if all of the information requested on this form is not submitted, no action will be taken on this request. I authorize SHSU Financial Aid and Scholarships Office to verify any or all of the information submitted with this request. I understand that the SHSU Financial Aid Administrator has total discretion in approving or rejecting this request and that there are no appeals.

_____ _____
Student Signature Date

FOR OFFICE USE ONLY ☐APPROVED ☐REJECTED

REASON: _____

_____

_____

_____

DATE:_____ **FAA SIGNATURE:**_____ **TITLE:** **Director**

DEPENDENCY OVERRIDE REQUEST FORM 2011-2012

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Box 2328
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936.294.1774 office
936.294.3668 fax

STATEMENT OF UNUSUAL CIRCUMSTANCE

Student Name _____ SAM ID _____

I. Provide a detailed statement explaining the unusual circumstance which has prompted you to request a change in your dependency status for financial aid purposes. Include information regarding your relationship with your parents, why they are unable to contribute to your education, and any additional information which will distinguish your situation as out of the ordinary. You may use this form or submit a detailed signed and dated letter. Use the back of this form if needed for additional space.

CERTIFICATION: I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Printed Name:	**Date:**
Signature:	**Cell Phone ( )**
Mailing Address:	**Work Phone ( )**
Best time to be contacted:	**Home Phone ( )**

DEPENDENCY OVERRIDE REQUEST FORM 2011-2012

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936.294.1774 office
936.294.3668 fax

REFERENCE FORM #1

Student Name _____ SAM ID _____

I. How long have you known the student?
II. What is your relationship to the student?
III. Provide a detailed statement explaining your knowledge of the applicant's unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education, and any additional information which will distinguish the applicant's situation as out of the ordinary. You may use the back of this form if needed for additional space.

CERTIFICATION: I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.	
Printed Name:	**Date:**
Signature:	**Cell Phone ( )**
Mailing Address:	**Work Phone ( )** **Home Phone ( )**
Best time to be contacted:	

Thank you for completing this information on behalf of the student. Please return to the address at the top of this form.

Revised 02/18/11

DEPENDENCY OVERRIDE REQUEST FORM 2011-2012

Return completed form to:

Financial Aid and Scholarships Office
Box 2328
Huntsville, TX 77341-2328
936.294.1774 office
936.294.3668 fax

REFERENCE FORM #2

Student Name _____ SAM ID _____

I. How long have you known the student?
II. What is your relationship to the student?
III. Provide a detailed statement explaining your knowledge of the applicant's unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education, and any additional information which will distinguish the applicant's situation as out of the ordinary. You may use the back of this form if needed for additional space.

CERTIFICATION: I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Printed Name:	**Date:**
Signature:	**Cell Phone ( )**
Mailing Address:	**Work Phone ( )** **Home Phone ( )**
Best time to be contacted:	

Thank you for completing this information on behalf of the student. Please return to the address at the top of this form.

DEPENDENCY OVERRIDE REQUEST FORM 2011-2012

Return completed form to:

Financial Aid and Scholarships Office
Box 2328
Huntsville, TX 77341-2328
936.294.1774 office
936.294.3668 fax

REFERENCE FORM #3

Student Name _____ SAM ID _____

I. How long have you known the student?
II. What is your relationship to the student?
III. Provide a detailed statement explaining your knowledge of the applicant's unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education, and any additional information which will distinguish the applicant's situation as out of the ordinary. You may use the back of this form if needed for additional space.

CERTIFICATION: I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

Printed Name:	**Date:**
Signature:	**Cell Phone ( )**
Mailing Address:	**Work Phone ( )** **Home Phone ( )**
Best time to be contacted:	

Thank you for completing this information on behalf of the student. Please return to the address at the top of this form.

Revised 02/18/11

VERIFICATION WORKSHEET
2011-2012

Return completed form to: **Financial Aid and Scholarships Office**
Box 2328, Huntsville TX 77341-2328
936.294.1774 office
936.294.3668 fax

Revised 02/18/11

Student Name_____ SAM ID _____

Phone_____

SECTION A: Household Information

NOTE: If you were required to submit your parents' information on the FAFSA, you are considered a dependent student.

DEPENDENT: List the people in your parents' household to include:

- Yourself and your parent(s) you live with (including step-parent), and
- Your parents' other children [even if they don't live with your parent(s)], if (a) your parents provide more than half of their support from July 1, 2011 through June 30, 2012, or (b) the children would be required to provide parental information when applying for Federal Student Aid.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012.

INDEPENDENT: List the people in your household to include:

- Yourself and your spouse (if you have one), and
- Your other children (even if they don't live with you) if you provide more than half of their support from July 1, 2011 through June 30, 2012, and
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012.

First Name	Last Name	Age	Relationship to you	If this person (excluding parents) will attend college half-time or more in 2011-2012, print the name of the college.
			Self	SHSU

If you have more family members to include, please attach a separate sheet with the above information.

SECTION B: 2010 Tax Return Information (do not leave any answer blank)

- If you (or your spouse) filed a 2010 Federal Tax Return, you must submit a **signed** copy of your return, including **ALL** W-2s, to the Financial Aid and Scholarships Office.
- If you were required to provide parental information when completing the Free Application for Federal Student Aid (FAFSA), and if your parents filed a 2010 Federal Tax Return, you must submit a **signed** copy of their return, including **ALL** W-2s, to the Financial Aid and Scholarships Office.

Please print your full name and SAM ID on the signed copy of your parents' tax return and on each page of documentation.

If you did not keep a copy of your 2010 Federal Tax Return or W-2s, you can call the IRS at 1-800-829-1040 and request a copy of your 2010 Federal Tax Return Transcript and W2 Tax Return Transcript.

Applicant (and/or Spouse)

Which of the following is (are) true?

- ☐ I (and/or spouse) have already filed a 2010 tax return.
- ☐ I did not and will not file a 2010 tax return.*
  - ☐ I worked (will provide W-2s)
- ☐ My spouse did not and will not file a 2010 tax return.*
- ☐ I did not work in 2010.

*If you (or your spouse) worked in 2010 but were not required to file a 2010 tax return, attach a copy of the W-2s you received.

Other Untaxed Income:

$_____Child Support Paid

$_____Child Support Received

$_____Miscellaneous Untaxed Income

Dependent Student's Parent(s)

Which of the following is (are) true?

- ☐ My parents have already filed a 2010 tax return.
- ☐ My father (stepfather) did not and will not file a 2010 tax return.*
- ☐ My mother (stepmother) did not and will not file a 2010 tax return.*
- ☐ My parents did not work in 2010.

*If either of your parents worked in 2010 but were not required to file a 2010 tax return, attach a copy of the W-2s they received.

Other Untaxed Income:

$_____Child Support Paid

$_____Child Support Received

$_____Miscellaneous Untaxed Income

_____ _____

Student Signature Date **Parent Signature**