

Office of Financial Aid

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Full Name _____

 ID Number _____

2016-2017 Dependency Override Form

This form will assist you with completing the process for a Dependency Override Review. The US Department of Education allows the Delaware State University's Office of Financial Aid the use of professional judgment on the basis of adequate documentation, and on a case-by-case basis, to address circumstances not reflected in a student's original Free Application for Federal Student Aid (FAFSA). Detailed information in reference to Special Conditions can be found in the [1998 Amendments to the Higher Education Act of 1965](#) and in the updates to the amendments. **Please complete this form in its entirety, sign and date this form, and submit with this form all of the necessary documentation (clearly outlined in Steps 4, 6 and 8). Failure to complete this form in its entirety, missing signature or date, and any missing documentation will result in an immediate rejection of this application.**

Please keep in mind that your parent/parents refusal to contribute to your education, your parent/parents unwillingness to provide information on your FAFSA for verification, your parent/parents not claiming you as a dependent for income-tax purposes and/or your ability to demonstrate total self-sufficiency do not qualify for a Dependency Override. You will be notified, in writing, of the results of our review within four weeks of the submission of your special condition form. If there is an approval of additional aid, you will receive an updated award letter. Please note that special circumstances dependency overrides are reviewed on a case-by-case basis and an appeal submission does not guarantee approval and may not ultimately result in actual change of aid already awarded. A Dependency Overrides will not carry over automatically from one award year to the next. Delaware State University's Office of Financial Aid will reaffirm each year that your circumstances are persisting and that an override still is justified.

Step 1-Requesting Your IRS Tax Transcripts

If you did not use the DRT (IRS Data Retrieval Tool) and you are eligible to do so, you may do so now by returning to www.fafsa.gov. Otherwise, submit 2015 Federal Tax Return Transcripts for both parent or parents) and student if the student is a dependent student, and submit 2015 Federal Tax Return Transcripts for student and spouse if the student is an independent student. Per federal regulations, we can no longer accept copies of the Federal tax return for verification purposes. Please call 1-800-908-9946 or visit <http://www.irs.gov/Individuals/Order-a-Transcript> to request a return transcript free of charge.

If you and/or your parent or parents are not required to file a 2015 U.S. Income Tax Return, submit copies of all W-2 forms for both you and /or your parent or parents. If a W-2 is not available, please call the IRS at 1-800-908-9946 to request a W-2 Wage Summary.

Step 2-Student Information

SS# _____ Date of Birth _____ Home Phone (include area code) _____ Cell Phone (include area code) _____

Permanent Mailing Address (include Apt #) _____ City _____ State _____ Zip _____

Personal Email Address _____ Institutional Email Address _____

Step 3-Family Information

- Dependent Students enrolled at least HALF TIME, Include:**
- Yourself,
 - Your parent(s) - include step parents
 - Your parent(s)' other dependent children if your parent(s) will provide more than 1/2 of their support from 07/01/15 - 06/31/16, or the children would be required to provide parental information when completing the FAFSA
 - Other people who currently live in your parent(s) household and your parent(s) will provide more than 1/2 of their support from 07/01/15 - 06/31/16

- Independent Students enrolled at least HALF TIME, Include**
- Yourself
 - Your spouse (if you are married)
 - Your children if you will provide more than 1/2 of their support from 07/01/15 - 06/31/16
 - Other people who currently live in your household and you will provide more than 1/2 of their support from 07/01/15 - 06/31/16 **(To be independent, you must be able to answer "YES" to at least one FAFSA dependency status questions.)**

FULL NAME	AGE	RELATIONSHIP	ATTENDING COLLEGE AT LEAST HALF TIME
		Self	Delaware State University

Step 4-Acknowledgement of Benefits

Did you or any of your Household family members receive [Supplemental Nutrition Assistance Program Benefits \(food stamps\)](#) during the calendar year 2015 or 2016?
 Yes. Attach your official award letter (on official letterhead) from your respective state indicating your receipt of benefits and complete Steps 3 and 4.
 No. Proceed to Step 5.

Did you or any of your Household family members receive [Section 8 Housing Benefits](#) during the calendar year 2015 or 2016?
 Yes. Attach your official award letter (on official letterhead) from your respective state indicating your receipt of benefits and complete Steps 3 and 4.
 No. Proceed to Step 5.

Step 5-Acknowledgement of Child Support Paid

Did you or your parents/guardian pay child support during the calendar year 2015?
 Yes, Complete Child Support Information Below
 No, proceed to step 6

Full Name and Relationship of Supported Child	Monthly Amount of Support Paid	Full Name and Relationship of the Person Who Paid The Child Support	Full Name and Relationship of the Person Who The Child Support Was Paid To
	\$		
	\$		
	\$		
	\$		
	\$		

Step 6-Yearly Income - 2015

All information reported is for the entire **year** of 2015. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you. If any additional information will not fit within the spaces provided, be sure to include it on a separate sheet of paper. If you receive any of the income listed below, please be sure to include any award letters or vouchers from your current state. If you were not required to file taxes but was employed during calendar year of 2015, please list it below.

Are you, your spouse, or your parents, or will you, your spouse, or your parents be required to file a 2015 Federal Income Tax Return?

- YES, Attach a signed copy of your 2015 FEDERAL IRS TAX TRANSCRIPTS and W2s
 NO, Complete the table below and attach copies of all 2015 W2 forms.

Employer's Name for Student, Spouse, or Parent	2015 Amount Earned	IRS W-2 Provided?	Parent, Student or Spouse
<i>Suzy's Auto Body Shop (example)</i>	\$2,000.00	Yes	parent

All information reported is for the entire **year** of 2015. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you. If any additional information will not fit within the spaces provided, be sure to include it on a separate sheet of paper.

STUDENT	TYPE OF UNTAXED INCOME	PARENT
\$	Taxable earnings from Federal Work Study	\$
\$	Student grant, scholarship and fellowships reported to the IRS in your adjusted gross income, including AmeriCorps.	\$
\$	Child support received for all children. DO NOT include adoption or foster care payments	\$
\$	Housing, food and other living allowances paid to members of military, clergy and others (including cash payments and cash value of benefits). Exclude the value of on-base housing or the value of a basic military allowance for housing.	\$
\$	Veterans non-educational benefits (Disability, Pension, DIC, etc.)	\$
\$	Other untaxed income, such as Workers' Compensation. Exclude student aid, earned income credit, additional child tax credit, welfare, untaxed Social Security, SSI, combat pay, flexible spending accounts, foreign income exclusion or credit for federal tax on special fuels	\$
\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. If you received monetary or financial support from others in 2015, you <u>must</u> report it here.	

Step 7-Dependency Override Instructions

Please check the situation that details your circumstance and provide all of the required documents below

- Death of a custodial parent and the student has no contact with the noncustodial parent. Abandonment or location of parents is unknown.
- A documented abusive environment. Other unusual circumstances warranting an override of the student's dependency status.

Please note that special conditions are reviewed on a case-by-case basis. An appeal submission does not guarantee approval and may not ultimately result in actual change of aid already awarded, and BE ADVISED THAT ANY DECISION MADE ON YOUR BEHALF IS AT THE DISCRETION OF THE OFFICE OF FINANCIAL AID.

- Written statement in the summary section below detailing the specifics of your circumstance
- Letters from two individuals that can attest to your situation
 - The first letter (on professional letterhead) should be from a professional individual not related to you (i.e. counselor, social worker, teacher, clergy, police, etc)
 - The second letter should be from a professional or non-professional individual not related to you, who is familiar with your circumstance.
- If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS
- Copies of all w2 forms for your/spouse, parent(s)
- Copies of any and all documentation confirming your special circumstance

Summary

Step 8 Certification

I/We certify that all information reported is complete and correct to the best of my/our ability, and that I/we have attached relevant documentation, if applicable. I/We understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

Signature of Student _____ Date / /

Signature of Parent/Spouse _____ Date / /

OFFICIAL USE ONLY		
Prior Year Dependency Override?	Yes <input type="checkbox"/>	Comments _____ _____ _____ _____ _____
	No <input type="checkbox"/>	
Dependency Override Approved	<input type="checkbox"/>	
Dependency Override Denied	<input type="checkbox"/>	
Dependency Override Undecided (need additional information)	<input type="checkbox"/>	
Old EFC	New EFC	Date <u> </u> / <u> </u> / <u> </u>