

Student's Name: \_\_\_\_\_ H ID # \_\_\_\_\_

**2012-2013  
DEPENDENCY OVERRIDE**

**It is the philosophy of Congress and the U.S. Department of Education that parents have the primary responsibility for educating their children. The definition of an independent student, for financial aid purposes, is a student who meets at least one of the following criteria:**

I was born before January 1, 1989	I am married	I will be working on a master's or doctorate program (e.g., MA, MBA, MD, JD, PhD, EdD, graduate certificate)	
I am serving on active duty in the U.S. Armed Forces	I am a veteran of the U.S. Armed Forces	I have children and I provide more than half of their support	
Since I turned age 13, both of my parents were deceased	I was in foster care since turning age 13	I have dependents (other than children or my spouse) who live with me and I provide more than half of their support	
I was a dependent or ward of the court since turning age 13	I am currently or I was an emancipated minor	I am currently or I was in legal guardianship	I am homeless or I am at risk of being homeless

If a dependent student's circumstances make it unreasonable to expect a parental contribution, federal regulations allow aid administrators to change or override the student's dependency status. The Department of Education has defined four conditions that, individually or in combination with one another, *do not qualify as "unusual circumstances"* or that do not merit a dependency override. The following circumstances do not warrant a request for a dependency override:

- Parents refusing to contribute to the student's education;
- Parents unwilling to provide information on the application or for verification;
- Parents not claiming the students as a dependent for income tax purposes;
- Student demonstrating total self-sufficiency.

The Department of Education has further defined instances when a Dependency Override is appropriate. The following circumstances may be considered for a dependency override with the appropriate documentation:

- Abandonment by parents;
- Student has been the victim of domestic violence and is no longer residing with the parents;
- Incarceration of parents.

**If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.**

Scanned \_\_\_\_\_ By: \_\_\_\_\_

**The following documents are necessary to request a Dependency Override:**

\_\_\_\_\_ FAFSA – Fill in **STEPS ONE, TWO (32-37), THREE, FIVE and SIX** & bring to appointment (**DO NOT SUBMIT TO THE DEPARTMENT OF EDUCATION.**)

\_\_ \_\_ Copy of 2011 Federal Income Tax Return and W-2s

\_\_ \_\_ Copy of current pay stub

\_\_ \_\_ Personal letter of explanation of how you came to support yourself and over what time period you have done this. You must also describe the events in your family which led up to your current separation from them. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. Provide any and all information which you feel will help to outline your situation. All information will be kept strictly confidential and will only be used to determine your dependency status for financial aid application purposes.

\_\_\_\_\_ Attach letters (on letterhead) from **three** professionals within the community verifying the family circumstances described in your personal explanation. Professionals include guidance counselors, clergy members, teachers or professors, doctors, family counselors, mental health professionals, and law enforcement personnel.

\_\_\_\_\_ Attach a copy of a rent receipt, lease agreement, etc. and, if appropriate a copy of utility/BGE bill in your name.

**Please provide all income and support received in 2011:**

- **Wages and earnings** \$ \_\_\_\_\_
- **In-kind\* support amount** \$ \_\_\_\_\_
- **TCA or other welfare benefits** \$ \_\_\_\_\_
- **Social Security** \$ \_\_\_\_\_
- **Child Support** \$ \_\_\_\_\_
- **Other Untaxed Income** \$ \_\_\_\_\_

**\*In-kind support** is any financial support received from another individual or resource. Please provide documentation from the source of the amount received in 2011.

**CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, my application will not be processed.**

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

*Note: You are required to schedule an appointment with the Financial Aid Director or a Financial Aid Counselor to review your request. All supporting documentation must be complete prior to your appointment.*