

Dependency Override

Complete the attached Request for a Dependency Override

Student's Name _____ SS# _____

Dependency Override

Circumstances that warrant an override of your dependency are listed below:

- Separation from your parents due to an unsafe or unhealthy home environment, for example, alcohol, drug, mental or physical abuse.
- You are a recipient of Aid to Families with Dependent Children or public assistance in your name.
- Your personal circumstances are so unique that to require you to pursue a higher education as a dependent student would create an unjust hardship on you.

Note: In general, the Higher Education Act does not allow an aid administrator to accept the following unusual circumstances as a condition that warrants a dependency override.

- Parents are unwilling to provide information on the application or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student does not live with their parents.
- Student demonstrates total self-sufficiency.

If the reason you are requesting a review is one of the acceptable circumstances listed above, please submit the appropriate documentation as listed below:

1. **A personal letter** written by you explaining the reason you are requesting a dependency override. The letter should be one to two pages and provide as much detail as possible describing your separation from your parents. You are required to include the following information:
 - The whereabouts of your biological father and his current living arrangements. Include the last contact you had with him over the past 3 years.
 - The whereabouts of your biological mother and her current living arrangements. Include the last contact you had with her over the past 3 years.
 - Your living arrangements over the past 3 years. With whom you have resided. Who has provided support to you over the past 3 years.
 - Your name, social security number and signature.
2. **Two additional letters from individuals who can verify the circumstances described in your letter.** Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents.
 - Individuals could include but are not limited to a high school counselor or teacher, a social service worker, a minister, a doctor or a lawyer.
 - Letters from relatives or friends verifying that the circumstances described in the student's personal letter must be notarized.
 - Each letter must include the individual's name, title, position, address and must be signed.
 - The individuals must not be related to each other and must reside at separate addresses.

Please check the correct answer to the following questions. Do not leave any item blank.

Did anyone claim you on their most recent Federal Income Tax Return?

- NO**
- YES** Person's Name _____
Relationship to you _____

Have you received any support from your parents in the past 3 years?
(e.g. health insurance, room and board, car insurance)

- NO**
- YES** What kind and how much?

Did you receive AFDC/TANF (welfare), SSI (disability) or Social Security checks in the previous year or are you currently receiving any?

- NO**
- YES** – List the name (s) of the source: _____
How much per month: _____
Number of months you received this assistance: _____

Provide the following information (you may be asked to provide documentation) about your expenses PER MONTH. If any of the amounts are zero, explain the reason under comments.

Expenses	Monthly Current Amount
Housing (rent, mortgage)	
Child Care	
Food	
Utilities	
Credit Card(s)	
Medical/Dental	
Clothing	
Auto (car payments, insurance, maintenance, gas)	
Other Personal Expenses	
Total Monthly Expenses	
Total Yearly Expenses (Total Monthly X 12 months)	

Comments _____

I certify that all of the information listed on the form concerning my request for a dependency override is correct and complete.

Signature

Date