



REQUEST FOR REVIEW OF DEPENDENCY STATUS

Review the Following Guidelines Before Filing this Appeal
You are NOT automatically independent simply because you:

- Decided to move away from the home of your parent(s).
- Are unwilling to seek financial assistance from your parent(s).
- Are able to pay for your own educational expenses, claim to be self-supporting.
- Your parent(s) are unwilling to provide parental data and/or income information on your financial aid application.
- Your parent(s) do not claim you on their tax returns.
- Your parent(s) live in another state or out of the country

Examples of unusual circumstances include an abusive family environment, death of parents, the existence of a court order prohibiting contact with the parents, etc.

We must have additional information and documentation of your family circumstances for the Financial Aid Office to consider your request for review of your dependency status. Please follow the instructions below:

We can review your appeal once the following information has been submitted:

A detailed, legible letter explaining your adverse family circumstances (see page 3)

Two Reference Letters. One reference letter from a professional (e.g., counselor, therapist, social worker, pastor, priest, etc.) on business letterhead. A second reference letter from a person (e.g., relative, friend, neighbor) having comprehensive knowledge regarding the existence of the adverse home situation.

Both letters **MUST** provide the following information for review of dependency override:

1. How long have you known the student?
2. A statement regarding your knowledge of the student's family history and/or relationship with parent(s). Include why the student cannot provide parental information on the financial aid application.
3. When was the last time period you were aware that the student received financial support from his/her parent(s) and/ or lived with his/her parents?
4. How is the student supporting himself/herself?
5. Your relationship to the student. Please include your complete name, telephone number, and address on the letter. Please make sure to sign and date the letter. Date must be current.



2021-2022 STATEMENT OF INFORMATION

(To Be Completed by the Student) Do not leave any question blank

[Empty box for Last Name]

Last Name

[Empty box for First Name]

First Name

[Empty box for Social Security/Student ID]

Social Security/Student ID

1. What are your parents' names and current addresses?

Table with 4 columns: Father's Name, Mother's Name, Address, Phone Number

2. When was the last time you lived with and received support from your father? _____

3. When was the last time you lived with and received support from your mother? _____

4. Why are your parents unable to provide financial support or information to complete your application?

5. Please indicate how you are currently supporting yourself.

Section A: Total Resources from January 1, 2019 to December 31, 2019

List all the sources and other income available for your financial support. Do not leave any answers blank. If the answer is zero indicate "0". Please report Annual Income Amount for 2019.

Earnings and/ or Other Income: I had income/ earnings from the following sources in the amounts listed below:

- 1. Total Income/ Wages [box]
2. Savings [box]
3. Financial Aid Grants [box]
4. Support from Others [box]
Total [box]

Certification: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/ or repayment of financial aid. I UNDERSTAND THAT I MUST REPORT CHANGES OF THE ABOVE INFORMATION TO THE FINANCIAL AID OFFICE.

Student Signature: _____

Date: _____

For Office Use Only
Financial Aid Technician Decision: [] Approved [] Denied
FA Supervisor Signature: _____ Date: _____



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Last Name: [] First Name: [] SS# or ID# []

Please print or type a statement describing your adverse home situation and your relationship with your parents. Be sure to provide enough detail as to why the Financial Aid Office should change your status. Attach supporting documents such as police reports, death certificates, court orders, affidavits, claims, and/or documentation from a social services agency that supports your statement. Attach additional sheets if necessary.

[Lined area for student statement]

Student Certification

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000.00 fine, imprisonment, or both.

I further understand the this process can take up to 6 to 8 weeks for a final decision and that I will be notified by email of the decision

I also understand that by filing this Dependency Override Appeal, I may not meet other financial aid deadlines for federal or state programs.

Student Signature: _____

FOR OFFICE USE ONLY
[] Approved [] Denied
Approved By: _____ Date: _____