

Dependency Override (FDEPOV)

2016-17

Student's Name: _____

Date of Birth: _____ / _____ / _____ Student ID: _____ Phone: _____ - _____

Last First MI
Month Day Year

The Department of Education allows Financial Aid administrators the authority through Section 480(d)(7) of the Higher Education Act to change a student's status from dependent to independent in cases involving unusual circumstances.

A Dependency Override cannot be approved for any of the following conditions:

- A parent refusing to provide data or refusing to contribute towards the student's education;
- A student who does not wish to communicate with parents or who is not claimed on the parents' income tax;
- A student who demonstrates total self-sufficiency and does not meet at least one of the current definitions of an independent student (as established on Section 3 of the FAFSA application);
- A student who has been previously considered independent for the purposes of receiving financial aid but does not meet at least one of the current definitions of an independent student (as established on Section 3 of the FAFSA application);
- A student who is divorced at the time of filing and does not meet one of the current definition of an independent student (as established on Section 3 of the FAFSA application).

Minimum required documentation (additional documentation may be requested):

- Completed 2016-2017 FAFSA application
- A signed, notarized letter from you, the student, explaining your request for a Dependency Override. This letter needs to include detailed information on the whereabouts of both parents and the status of your relationship with them as well as any unusual circumstances you want to be considered.
- One letter, notarized or on letterhead from a third-party official such as clergy, doctor, lawyer, teacher, counselor/psychiatrist/psychologist, government agencies, courts, prison administrator, etc. that can attest to your independent status, as well as the whereabouts of both your parents and your relationship with them. These cannot be relatives or friends. Current letters are required; they should be dated no later than 90 days from the date of this request.
 - Or a legal document stating you were removed from the custody of your parents or are a Ward of the Court.

Student Information:

Address: _____ City: _____ State: _____ Zip: _____

Parent Information (to be completed by student):

Parent 1 Name: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Parent 2 Name: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

1. When was the last time you had contact with either parent? _____
2. If you do not live with your parent(s), with whom do you live? _____

Signature

The Financial Aid representative and Director of Financial Aid will review this application. Each request is reviewed on a case-by-case basis. The final decision is at the discretion of the Director of Financial Aid and cannot be appealed. By signing below, the student acknowledges and confirms that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's name: _____ Signature: _____ Date: _____

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