

DEPENDENCY OVERRIDE FORM

Name: _____ RAM ID Number: _____
Address: _____ Telephone Number: _____
_____ Date of Birth: _____

When you completed the **Free Application for Federal Student Aid (FAFSA)**, the questions in the Student Status section determined that you were required to apply for financial aid as a **dependent** student. Federal student aid programs are based on the principle that the primary responsibility for financing your education lies with your parents.

In most cases, your financial aid eligibility must be determined using your legal parents' income and asset information. However, if your family circumstances are such that you are unable to live with and be supported by your legal parents because of the ***involuntary dissolution*** of the family **due to abuse, death, imprisonment, abandonment or if your parents are physically or mentally incapacitated**, your dependency status may be reevaluated. In **rare** cases, you may be considered independent even if you do not meet the criteria on the **FAFSA**. If you feel that your situation warrants special consideration, you must be prepared to demonstrate that you are, in fact, self-sufficient and be able to **document** why your parents should not be required to contribute to your education.

You must also provide any court documentation, police records, written statements from yourself and two people who can explain why your circumstances warrant an exception and how you have been supporting yourself during the last year. The written statements can be from an uninterested third party, an adult relative, an adult you have lived with during the past year, a pastor or a counselor. The statements must include his/her relationship to you and what he/she has witnessed with regards to your situation with your parents. It must be signed by that individual, and a telephone number must be included as to where he/she can be reached for further questions. If you live alone, you must also provide documentation such as tax return transcripts, lease agreement, and/or utility statements, etc., to demonstrate your ability to support yourself.

The following conditions, individually or in combination, do **NOT** merit a dependency override:

1. Parents' refusal to contribute to your education;
2. Parents' unwillingness to provide information on the FAFSA or verification;
3. Parents do not claim you as a dependent for income tax purposes;
4. Student's ability to demonstrate total self-sufficiency.
5. You do not live with your parent(s).

SECTION ONE: Reasons for Override Request

Please read each step carefully, check the one that applies to you, and provide our office with the requested documentation. **Incomplete applications for dependency status changes will not be evaluated.**

- I. _____ **Severe circumstances exist within your family, such as, but not limited to:**
- a) Abusive home situation which is detrimental to your physical or mental well-being.
 - b) Incarceration of the custodial parent.
 - c) Abandonment by both parents.
 - d) History of parental alcohol or drug abuse.

Supporting documentation for #I: Two or more signed statements from adult professionals who are not family members, which verify your family circumstances. Adult professionals include **clergy members**,

SECTION TWO: Questions

Name of Parent #1 _____ **Name of Parent #2** _____

Address _____ **Address** _____

1. When was the last time you lived with a parent?

Parent #1 _____ Parent #2 _____
Month/Year *Month/Year*

2. When is the last time you had contact with your parents?

Parent #1 _____ Parent #2 _____
Month/Year *Month/Year*

3. When did your parents provide any form of support?

Parent #1 _____ Parent #2 _____
Month/Year *Month/Year*

4. In what year were you last claimed by your parent(s) as a dependent on a Federal tax return? Year: _____

5. Are/Were you included as a dependent under your parents' health insurance plan this year or last? Yes _____
No _____

6. List the name and address of the medical insurer and the person under whose insurance you are covered:

7. Do you own or have the use of an automobile? Yes _____ No _____ If yes, give the name and address of the registered owner:

8. If you are the registered owner, provide the following information:

Year, Make and Model _____

Purchase Date _____ Balance Owed _____ Monthly Auto Payment _____

9. If anyone other than yourself is making your auto payments, provide his/her name and relationship:

10. Were/Are you included on your parents' Auto Insurance Policy last year or this? Yes _____ No _____

11. List the name and address of the of the Auto Insurance company, Policy Holder's name and Policy Number:

12. Did you/will you file a Federal Tax Return for this past year (1040, 1040A, 1040EZ or 1040TEL)? Yes ___ No ___

13. If yes, attach a signed **tax return transcript**. If no, list the name of your employer(s) and your weekly/monthly income from that/those employer(s).

SECTION FOUR: Verification of Income and Expenditures

Current Income – Describe your average monthly income and identify the source(s) by name (example: Self-employed, Burger King, Wal-Mart).

Income

Type of Income	Amount Per Month	Source of Income
Wages		
Savings/Investments		
Unemployment Benefits		
Social Security Benefits		
Welfare Benefits		
Cash		
Cash Support		
Other (Specify)		

Current Expenses – Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of the monthly amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.

Expenses

Type of Expense	Monthly Cost	Source of Payment (Who pays the expense?)
Housing		
Utilities		
Telephone		
Transportation		
Gas		
Clothing		
Medical		
Education		
Other		

YOU MUST APPEAL EACH YEAR TO HAVE YOUR INDEPENDENT STATUS RENEWED!

REMEMBER: The success of your request for independent status depends upon you and what information you provide. Please provide all requested information. All information will be kept confidential and will only be used to determine your dependency status for financial aid purposes. If you have any questions, please call the Office of Financial Aid at (934) 420-2578.

❖ I certify that the information I have provided is true and accurate. Date: _____

Student Signature: _____

Do not mail any documents to the U.S. Department of Education.

Submit all requested documentation to the Office of Financial Aid, Laffin Hall, Room 324 or FAX to (934-420-3662).

To be completed by the Financial Aid Office:

Financial Aid Office Certification:

I have reviewed the information provided and find the student meets the extenuating circumstance required for dependency override. *Check appropriate criteria below:*

- Adverse home environment*
- Support by an adult relative*
- Incarcerated*
- Applicant supports parent(s)*
- Other:*

I have reviewed information provided and find the student does not meet the extenuating circumstance required for dependency override.

Reason: _____

Certification: *I hereby use my professional judgment based on the information and documentation provided.*

Signature of Financial Aid Officer: _____ **Date:** _____
