

**2021-22 DEPENDENCY OVERRIDE REQUEST FORM FOR FEDERAL AID**

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Date \_\_\_\_\_

I.D. # \_\_\_\_\_

**► SECTION A: REASON FOR REQUEST**

Students who do not meet the federal financial aid statutory definition for independent status may request a Dependency Override. To be considered independent, the student must be able to document **unusual or exceptional family circumstances**.

According to the Department of Education, the conditions listed below **do not qualify** as unusual circumstances meriting a Dependency Override:

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the FAFSA or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.
- Parents reside in a different state or country.

**► REQUIRED DOCUMENTATION TO DEMONSTRATE UNUSUAL FAMILY CIRCUMSTANCES:**

Note: All information submitted is kept confidential.

**► NEW REQUEST**

1. **Personal Statement:** Attach a separate sheet that explains why you should be considered independent from your parents for federal financial aid purposes.
  - a. The circumstances that you describe must be unusual or exceptional in regard to your family situation.
  - b. Your signed statement must explain the situation in detail and provide information about **both** parents.
  - c. You must describe the last time you had contact with each of your parents – when, where and the nature of the contact.
2. **Third Party Documentation:** You must submit **three letters** from disinterested third parties that corroborate your statement.
  - a. Documentation must be from individuals or agencies that will provide **unbiased and have first-hand knowledge** of your unique situation and include information about **both** parents.
  - b. Third Party documentation must be **dated, be on official letterhead and have a wet signature** (typed name only is unacceptable) and must include contact information for the person providing the letter.
  - c. **Acceptable third parties include:** counselors or teachers, clergy, community groups, government agencies, medical personnel, medical records, court verdicts, or police reports.

**► RENEWAL REQUEST**

1. Submit an updated personal statement providing a detailed explanation of the unusual and extenuating circumstances that remain unchanged, which led to your initial approved dependency override.

**► SECTION B: CERTIFICATION AND SIGNATURE**

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

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Student \_\_\_\_\_ Date \_\_\_\_\_