



2024-2025 DEPENDENCY OVERRIDE

Student Name: _____ Student ID #: _____

INSTRUCTIONS

- 1) You must attach a typed written explanation regarding your relationship with your parents, why you no longer live with your parents, why you no longer have contact, and why your parents do not financially support you.
- 2) Attach a Professional Third-Party Documentation letter (instructions at end of form).
- 3) Attach any legal documents or any other paperwork regarding your situation.
- 4) After completing steps 1 through 3, turn in your Dependency Override to the Financial Aid Office.

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| Student's Demographics | Address: _____ _____ Phone: _____ E-mail: _____ |
| Student's Present Living Arrangements | With whom do you currently live? _____ How long have you lived with this person/family? (years/months) _____ How much do you pay in rent and utilities per month? \$ _____ Can you provide parental information for your financial aid application? _____ |
| Parent's Information | Parent's name: _____ Address: _____ _____ When did you last live with your parent? (month/year) _____ When was the last time you had contact with your parent? (month/year) _____ When did your parent last provide financial support for you? (month/year) _____ How often do you have contact with your parent? _____ |
| Other Parent's Information | Other parent's name: _____ Address: _____ _____ When did you last live with your other parent? (month/year) _____ When was the last time you had contact with your other parent? (month/year) _____ When did your other parent last provide financial support for you? (month/year) _____ How often do you have contact with your other parent? _____ |

CERTIFICATION AND SIGNATURE

The person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature: _____ Date: _____

THIRD PARTY DOCUMENTATION

In extraordinary and documented cases, the Financial Aid Office has authority to use professional judgment to override a student's dependency status to make a student independent for financial aid purposes. However, a student is **not** considered independent based solely on the following:

- The student is self-sufficient.
- Parents refuse to provide information or assist with educational expenses.
- Parents did not claim the student on tax return.

The information stated in the Dependency Override Request must be verified by a professional third party who is aware of the student's home situation and can verify the information provided on the Dependency Override Request. Examples of such a person include, but are not limited to employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, etc.

Instructions for professional third-party documentation:

The third party documentation letter must be on official letterhead. The professional third party should include any information for which they have first-hand knowledge and that they feel best describes the student's situation. The following is a list of information that **MUST** be included:

- How long they have known the student.
- Their relation to the student.
- How long they have been aware of the student's situation.
- When the student last lived with and/or received financial support from the student's parents.
- Any knowledge of the student's relationship with their parents.
- The steps that the student has taken to establish their independence from their parents.

The third parties professional title, name and type of business, business address, telephone number, contact information, and third party signature should also be included.

DEPENDENCY OVERRIDE REQUEST FORMS WILL NOT BE ACCEPTED WITHOUT THE THIRD-PARTY DOCUMENTATION LETTER

THE FOLLOWING IS FOR OFFICE USE ONLY

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| <input type="checkbox"/> Using PJ, this student is independent. <input type="checkbox"/> Denied <input type="checkbox"/> Postponed/Date | Decision based on the following unusual circumstances: <hr/> <hr/> <hr/> FAA Signature: _____ Date: _____ |
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