

**2016-2017 DOV
Dependency Override
Request Form**



Student's Name: _____

Student ID#: A _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Instructions:

A financial aid administrator may approve dependency overrides on a case-by-case basis for students with unusual circumstances. To request independent status, please choose one of the following qualifying circumstances, explain in detail the reason for your request and submit this form to the Financial Aid Office along with any corroborating documentation.

Circumstances that qualify for Dependency Override:

- **Unreasonable Family Situation:** *Examples include abandonment, parental drug/alcohol abuse and parental incarceration. Acceptable documentation includes: notarized statements from at least two family members who can attest to your extenuating circumstances, court documents and signed statements on official letterhead from a high school counselor, case worker, clergy member, or other professionals who can confirm that your situation warrants independent status consideration.*
- **Death of Natural Parent(s):** *Provide copies of Death Certificate(s). (If not available then a copy of the obituary will suffice.)*

However, none of the conditions listed below qualify as unusual circumstances meriting a dependency override:

- *Parents refuse to contribute to student's education*
- *Parents are unwilling to provide information on the FAFSA for verification*
- *Parents do not claim the student as a dependent for income tax purposes*
- *Student demonstrates total self-sufficiency*

Section I: List the whereabouts of each parent

Mother Name	Address	City	State	Zip
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Father Name	Address	City	State	Zip
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Section II: Describe the last time you had contact with each of your parents – when, where, and the nature of the contact

Mother -

Father -

Section III: Explain in detail what unusual circumstances establish your independence
(Attach additional information as necessary)

Section IV: Describe how you have been self-supporting

a. When did you begin meeting your expenses without parental support?

b. How have you met your expenses?

Section V: Certification

I hereby certify that all the information contained in my request for Dependency Override is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation this appeal will be denied and my federal aid eligibility will be jeopardized.

Student's Signature: _____

Date: _____

Please submit this form with all appropriate documentation. Incomplete requests will not be considered. Allow 10 business days for processing.