



# 2018-2019 Request for Dependency Override

Student's Name:

Student ID:

1. **A personal letter of appeal explaining the reason for your request for a dependency override.** The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:

The whereabouts of your biological parents and their current living arrangements. Include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).

- ~* Why you cannot provide parental information on the Free Application for Federal Student Aid (FAFSA).
- ~* Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.
- ~* Your current living arrangements; with whom you live with, and who provides financial support for you.
- ~* Your name, Social Security Number, and Signature

2. **Letters from two individuals who can attest to your situation.** Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents.

- ~* The first letter should be from a professional individual not related to the student – counselor, social worker, teacher, clergy, police, etc.
- ~* The second letter should be from either a professional or non-professional individual who is very familiar with your situation.
- ~* Each letter must include the individual's name, title or position, address and must be signed.
- ~* The individuals cannot be related to each other and must reside at separate addresses.

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3. **A completed and signed 2018-2019 FAFSA – leave the parent section blank.**

4. **A signed and dated student's 2016 Federal Income Tax transcript and all W2s/1099s.**

5. **Please complete the following information:**

- ✓ Did anyone claim you on their 2016 Federal Income Tax Return?  
 Yes                       No

If yes, provide the person's name and relation to student.

Person's Name:

Relationship to Student:

Dependency override will **not** be processed until all required documents are submitted.

Student's Name:  Student ID:

✓ Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2016?

No  Yes

If yes, list the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2016.

Source 1:  Monthly Amount: \$  # of Months Received:

Source 2:  Monthly Amount: \$  # of Months Received:

**Provide the following information (you may be asked to provide documentation) about your expenses.**

Expenses	2016 (Monthly)	Support Provided By:	2017 (Monthly)	Support Provided By:
Housing (rent, mortgage)				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (car payments, insurance, and maintenance)				
Other Personal Expenses				
Total MONTHLY Expenses				
Total YEARLY Expenses				

*If any amounts are zero, explain the reason.*

**I certify that all of the information listed on the form concerning my request for a dependency override is correct and complete.**

**Student Signature**

**Date**

**For Office Use Only:**

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

Decision:  Independent  Dependent Student Notified:  Yes  No