



2019-2020 Dependency Override Request

(Note: Incomplete dependency override requests will NOT be accepted)

Student Name: _____ Student ID#: _____

Student Mailing Address: _____ Telephone Number: _____

Email Address: _____

Under Federal law your family is primarily responsible for paying for your college expenses. In **very** limited situations, Federal law may allow us to consider a dependent student as independent (for financial aid purposes) when unusual conditions exist.

Examples of unusual conditions where you may be unable to provide parental data include:

- Your parents are incarcerated; or
- You have left home due to an abusive family environment; or
- You do not know your parents location, are unable to contact them, and you are not adopted.

The following **DO NOT** qualify as reasons for requesting a dependency change:

- You do not live with your parents or you are self-sufficient; or
- Your parents refuse to contribute to your college expenses; or
- Your parents do not want to provide their information on your FAFSA; or
- Your parents do not claim you (the student) as an exemption on their income taxes.

**** Verification of your FAFSA information must be completed before adjustments can be made. Check your eligibility requirements on your LoLA account to see which documents are required for verification, in addition to any request for additional information.**

Select the reason for your Dependency Override Request:

If any of the following applies to your situation, please indicate below with a check mark. We will need to receive ALL listed information below before the request can be considered.

Death of custodial parent and no contact with non-custodial parent.

Required Documentation:

- Typed and signed personal statement outlining the reason for an request, including specific information and dates
- Copy of student's birth certificate
- 2019-2020 Household Verification Form
- 2017 IRS Federal Income Tax Return Transcript
- Copy of death certificates or obituaries
- **At least two signed letters** from third party (non-family member) who can verify your situation from personal knowledge. Professional references must be signed and listed on agency letterhead (law enforcement, guidance counselor, social worker, clergy, etc.) Personal references (family member) must be **signed and notarized**.

I no longer live with my parent(s) due to an unsafe home environment. (This may be due to physical or emotional abuse, as well as any drug or alcohol abuse.) Required Documentation:

- Typed and signed personal statement outlining the reason for an request, including specific information and dates
- Copy of student's birth certificate
- 2019-2020 Household Verification Form
- 2017 IRS Federal Income Tax Return Transcript
- At least two signed letters from third party (non-family member) who can verify your situation from personal knowledge. Professional references must be signed and listed on agency letterhead (law enforcement, guidance counselor, social worker, clergy, etc.) Personal references (family member) must be signed and notarized.

Currently not living with parent(s). (This may be due to severe estrangement, abandonment, incarceration, or mental incapacity.)

Required Documentation:

- Typed and signed personal statement outlining the reason for an request, including specific information and dates
- Copy of student's birth certificate
- 2019-2020 Household Verification Form
- 2017 IRS Federal Tax Return Transcript
- At least two signed letters from third party (non-family member) who can verify your situation from personal knowledge. Professional references must be signed and listed on agency letterhead (law enforcement, guidance counselor, social worker, clergy, etc.) Personal references (family member) must be signed and notarized.

Certification Statement

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature _____ Date _____

TO BE COMPLETED BY FINANCIAL AID SCHOOL OFFICIAL

Approved: _____ Denied: _____

Comments:

Printed Name of School Official: _____ Title: _____

Signature of School Official: _____

Date: _____