



Dependency Override Request Form (PROFJM)

Term: *

Year: *

First Name: * MI: Last Name: * Student's Identification (ID) Number#: *

Cell/Local Phone Number: * Date of Birth: *

Section A: Required Documentation (a) the nature of your relationship with your parents; (b) the location of both parents and when you last had contact with them; (c) why you have not been able to obtain information and/or support from your parents; and (d) how you have been supporting yourself.

1. Three letters on letterhead from the proper authorities (*Members of the Clergy, Police, a School Counselor, Mediator, Case-Worker, etc.*)
2. Student's Prior Year Tax Return and W-2's
3. Details of Monthly Expenses (*Utility Bills, Car Payments, Copy of Lease Agreement, etc.*)
4. Other Supporting Documentation (*Court Documentation, Health Insurance Policy, etc.*)
5. V1 Independent Verification Form

Federal Regulations state that it is the primary responsibility of the family to pay for the cost of a student's education. It is often assumed that because students support themselves, they are considered independent. However, the federal government does not consider a student who is self-supporting as independent. If you cannot answer *yes* to any of the questions in Step Three of the Free Application for Federal Student Aid (FAFSA), then you are a dependent student. We must review your parent(s) financial and household information (Federal Tax Return Transcripts) in order to determine your financial aid eligibility. If there are extraordinary circumstances that you feel may change your dependency status, please provide the following information so that the Director of Financial Aid may consider a *dependency override*. You may be asked for additional documentation depending on your individual situation.

Important: Please note that all documentation must be completed at time of submission!

Section B: Student Certification

By signing this form, I certify that ALL the information on this form is correct and true to the best of my knowledge. If asked by an authorized official, I agree to give proof of information that I have indicated on this form. I realize that if I do not give proof when asked, or if I provide information in future years that invalidates this information, further eligibility for financial aid may be revoked and I may owe monies in return.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

- Approved: Based on documentation submitted by student, changes have been made to student's FAFSA. Student has been sent a formal notification letter/email regarding this decision.
- Denied: Based on documentation submitted by student, a request for a dependency override was denied. Student has been sent formal notification letter/email regarding this decision and findings.

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(Financial Aid Office Use Only)

KEY_AIDYEAR: * KEY_BAND: * Processed By: *