



DEPENDENCY OVERRIDE REQUEST FORM

Student Information:

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Email _____

Please fully read before completing.

Students are classified as dependent or independent, considering that the federal aid programs are based on the principle that the student (and their parents or spouse, if applicable) has the primary responsibility of covering his/her education costs. The U.S. Department of Education determines a dependent or independent status for a student using the answers to the 13 questions on step three of the Free Application for Federal Student Aid (FAFSA).

In some cases, due to extraordinary circumstances, some students should not be considered as dependents. The student must meet and document the circumstances that apply to his/her case to avoid considering the financial responsibility of his/her parents.

The following information provides the details of the process used to determine the student's eligibility for a Dependency Override. The Financial Aid Officer or authorized personnel will evaluate the request and the documents provided by the student and based on his/her professional judgment, he/she will accept or deny the request. The student will receive a written notification of the determination.

Note: The dependency status will be requested and evaluated each award year and we may require additional information to corroborate the status.

Dependency Override Request Form

According to federal regulations, if any of the following sentences are affirmative it is enough to qualify a student as independent and the Dependency Override request would not apply.

Definition of an independent student:

1. Born on or before January 1, 1999.
2. Married, or separated but not divorced.
3. At the beginning of the 2022-2023 school year, will be working on a master's or doctorate program.
4. Currently serving on active duty in the U.S. Armed Forces for purposes other than training.
5. Veteran of the U.S. Armed Forces or will be one by June 30, 2023 (National Guard or Reserve enlistees are not considered veterans unless they have been called to active duty for other than training purposes).
6. Have or will have children who will receive more than half of their support from the student, between July 1, 2022 and June 30, 2023.
7. Have dependents (other than his/her children or spouse) who live with the student and who receive more than half of their support from the student, now and through June 30, 2023.
8. At any time, since you turned age 13, were both your parents deceased, you were in foster care, or were you a dependent or ward of the court.
9. An emancipated minor as determination by a court in your state of legal residence.
10. Is or were under the legal guardianship of someone other than your parent by determination of a court.
11. At any time on or after July 1, 2021, you were determined to be an unaccompanied minor who was homeless or were self-supporting and at risk of becoming homeless, as determined by your high school or district homeless liaison.
12. At any time on or after July 1, 2021, the director of an emergency shelter or transitional housing program funded by the United States Department of Housing and Urban Development determined you were an unaccompanied minor who was homeless or were self-supporting and at risk of becoming homeless.
13. At any time on or after July 1, 2021, the director of a runaway or homeless youth basic center or transitional living program determined you were an unaccompanied minor who was homeless or were self-supporting and at risk of becoming homeless.

The following conditions do not apply:

1. The student claims he/she is financially self-sufficient or does not want to receive help from his/her parents.
2. Parents do not want or cannot contribute financially to the education and other expenses of his/her son or daughter.
3. Parents do not want to provide the information or complete the verification process required in the FAFSA application.
4. Parents did not claim the student as a dependent on his/her tax return form.
5. The student does not live with his/her parents.

Dependency Override Request Form

Reasons for a dependency override:

Read carefully and check the reason or reasons that apply. Submit the required documents that sustain your situation to the Financial Aid Office.

- ☐ Victim of abuse (physical or emotional), insecure and/or unhealthy family environment.
- ☐ Abandonment by parents.
- ☐ Removal from parent's house by court order.
- ☐ Incarceration of both parents.
- ☐ The parents do not have the physical or mental capacity to take care of their son/daughter.
- ☐ The parent's whereabouts are unknown and they cannot be located.
- ☐ Any other extraordinary circumstance, event or incident that is not defined in the description of an independent student and has not been described as a non-applicable condition (see conditions that do not apply).

Required Documents:

- I. **Dependency Override Request Form** – Properly completed and signed.
- II. **A certification explaining the reasons for your request** – This certification must provide all possible details that best describe the reasons why you were separated from you parents. You must include the following:
 - a. The whereabouts of your biological father and your biological mother, and indicate where they are at the present time. (If deceased, please provide evidence.) Describe that last contact you had with them and details of the frequency in which you communicated in previous years.
 - b. The reason of why you cannot include financial information of your parents in the Free Application for Federal Student Aid (FAFSA).
 - c. Where did you live in the past years and with whom?
 - d. Who helped you financially during the past years?
- III. **Certification from two (2) people that can confirm your situation** – These certifications must provide all possible details that best describe the reasons why you separated from your parents.

These certifications must include name, title, job position, address, and signature. People cannot be related within and they must live in different addresses.

 - a. First certification; a professional, who is not related to you, such as a counselor, social worker, religious leader, police officer, etc. You may use the enclosed certification template or the agencies or institutions official certification.
 - b. Second certification; a professional, family member or acquaintance.
- IV. **Evidence of Income** – Received in the year 2020.

Dependency Override Request Form

Student and parent information

Parent's information:

Parent 1

- Name
- Where is he/she at the present time?
- With what frequency do you communicate with each other?
- When was the last time you communicated with each other?
- Why were you separated?

Parent 2

- Name
- Where is he/she at the present time?
- With what frequency do you communicate with each other?
- When was the last time you communicated with each other?
- Why were you separated?

Student Information:

- Where do you currently live?
- With whom do you currently live?
- Who helps you financially and since when?

Dependency Override Request Form

STUDENT CERTIFICATION

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Email _____

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify that the information provided in this application form is true and correct. I understand that submitting false information to receive Federal Financial Aid is considered a federal crime and may be punished by fine, imprisonment or both. I understand that if my situation changes somehow, and I return to live with my parents or I start to receive any financial support from them, I must report it to the Financial Aid Office.

Student's signature _____ **Date** _____

Month/Day/Year

Dependency Override Request Form

PROFESSIONAL'S CERTIFICATION

Last and First Name _____ Occupation _____

Postal Address _____

Phone Number _____ Cellphone Number _____

Email _____

The person signing below certifies that all the information reported is complete and correct.

Signature _____ **Date** _____
Month/Day/Year

Month/Day/Year

Dependency Override Request Form

FAMILY MEMBER OR ACQUAINTANCE CERTIFICATION

Last and First Name _____ Relationship to student _____

Postal Address_____

Phone Number _____ Cellphone Number _____

Email _____

The person signing below certifies that all the information reported is complete and correct.

Signature _____ **Date** _____
Month/Day/Year

Month/Day/Year



Copy of this document must be kept in the student's file.