



Financial Aid Office 2017-18 Dependency Override Request Form

Please review the following information **BEFORE** submitting a dependency override request form to our office.

Federal financial aid regulations assume that a student and their family have the primary responsibility for meeting educational costs. Dependency status is determined by the answers to the questions in Step Three of the Free Application for Federal Student Aid (FAFSA) and dependent students must submit parental information.

What is a Dependency Override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual & exceptional circumstances who can prove and fully document exceptional circumstances. This includes, but not limited to, students who have no contact with their biological parents.

Appeal Guidelines: You must clearly demonstrate an adverse family situation in order to be considered independent for financial aid purposes.

The following are some examples of conditions that could warrant a dependency override:

- Student has been a victim of domestic violence and no longer resides with parents;
- Student has been part of an abusive family environment (e.g., sexual, physical or mental abuse);
- Documented parental drug abuse
- Documented abandonment, incarceration or institutionalization of both parents; or
- Death of both parents (or death of only parent in a single family household)

Federal guidelines stipulate the following conditions **DO NOT** solely qualify as circumstances meriting a dependency override:

- Parents refuse to provide information on the FAFSA application or for verification
- Parents do not claim student as a dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency
- Student reluctant to request the income information from parents
- Student does not wish to communicate with parents

In rare instances, a student may have extenuating circumstances that are not identified when completing the FAFSA. The following form gives a student the ability to appeal dependency status for reasons other than being financially self-supporting. The federal government does not recognize the amount of a student's income as a reason to consider the student independent. This appeal process gives the student the ability to state difficult circumstances that may permit a change of dependency status.

Please see additional information about dependency status at <http://www.fafsa.ed.gov>.



Financial Aid Office 2017-18 Dependency Override Request Form

Student Name: _____ Student ID: _____

Phone # _____

You should complete this form if you are considered a dependent student for federal financial aid and believe you have extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Financial Aid Office. *We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.*

Section A - In order to be considered for a Dependency Override, you must complete this form and provide the following documentation:

- Complete the 2017-18 Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov **prior** to completing and submitting the Dependency Override Request Form.
 - Please be advised – If the FAFSA has been selected for verification, all required documentation must be submitted prior to review of the special consideration request.
- Type a personal letter requesting consideration for independent status which outlines your extenuating circumstance. Your signed and dated letter must include:
 - Why you cannot provide parental financial information on the 2017-18 FAFSA
 - The whereabouts of your biological/legal mother and father and their current living arrangements. Please include any contact you have had with either and the frequency of contact.
 - Your living arrangements over the past year. (2016 to current)
 - With whom did you reside?
 - Who has provided financial support for you during the past year?
- Third party documentation is required. Two **NOTARIZED** letters from other people, who have first-hand knowledge of your situation and can attest that you do not have any contact with or receive support from your parent(s). Examples: lawyer, minister, high school official, teacher. ***Letters from friends and family members are not acceptable.***
 - Include documentation you feel will support your appeal for independent status; examples include:
 - court orders of permanent status
 - death certificates
 - verification of incarceration
 - police reports
- If you filed taxes and did not use the IRS Data Retrieval Tool to complete the FAFSA income section, then you must submit a copy of your 2015 and 2016 Federal Income Tax Return Transcripts. This can be requested online at www.irs.gov.
- Copies of all 2015 and/or 2016 W-2 forms
- Copy of student's most recent year-to-date pay stub
- Copy of current lease and all bills in your name (student) that you pay (Complete Section B)
- Did anyone claim you on their 2015 and/or 2016 Federal Income Tax return? If so, please state who and their relationship to you:

Section B: EXPENSES & RESOURCES

If you are not employed, please indicate who pays for your expenses or provides your support. You may need to complete a Statement of Support form available online or in the office.

EXPENSES FOR 2016		RESOURCES FOR 2016	
Housing/Rent	\$	Employment	\$
Food	\$	Social Security	\$
Car Payment	\$	AFDC/TANF	\$
Car Maintenance/ Repairs	\$	Food Stamps	\$
Car Insurance	\$	Welfare Benefits	\$
Gasoline	\$	Child Support	\$
Utilities:		VA Benefits	\$
Electric	\$	Monetary Gifts	\$
Gas	\$	Military, etc.	\$
Telephone	\$	Housing, food, and other living allowances provided by parents, relatives, friends,	\$
Water	\$	Workman's comp	\$
Child Care	\$	Scholarships	\$
Clothing	\$	Grants /Loans	\$
Medical Insurance	\$	Untaxed Income	\$
Tuition/Fees/Books	\$	Other (specify) ex: Unemployment amt	\$
Personal/Entertain.	\$		
Other (specify):	\$		
Total Expenses	\$	Total Resources	\$

Student Certification:

By signing this document, I certify that all information contained on this form is true and complete to the best of my knowledge. Providing inaccurate or false information may result in the denial, reduction, withdrawal and/or repayment of financial aid.

Please note that a request for a Professional Judgement consideration does not guarantee the receipt of new or additional financial aid. Approval will be based on the circumstance stated and the documentation provided to support your case. Students should be prepared to pay their bill if you choose to register for classes. Notification of the appeal decision will be sent to your ENMU-Roswell student email account.

The Financial Aid Office may request additional information / documentation as needed during the review process.

STUDENT SIGNATURE _____ DATE _____

*****OFFICE USE ONLY*****

- Approved Comments:
- Denied