

Dependency Override Appeal

When you completed your Free Application for Federal Student Aid (FAFSA), the questions in the student status section determined that you were required to apply for Financial Aid as a **DEPENDENT** student and include your **PARENT(s)** information. Financial Aid administrators have the authority to change a student's dependency status, based on supporting documentation, from dependent to independent in cases of extreme, unusual circumstances.

Some examples of extreme, unusual circumstances:

- Abusive family environment (physical, mental, sexual abuse, or other forms of domestic violence)
- Abandonment by Parents (usually in cases of one or more years)
- Incarceration or institutionalization (mental and/or physical illness) of both parents
- Parents whereabouts unknown or parents cannot be located
- An unsuitable household (child removed from household and placed in foster care)
- Other extenuating circumstances that can be sufficiently documented circumstances

Please note that the federal guidelines regarding dependency overrides clearly indicate that the following situations **DO NOT** qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming students as dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Student does not live with their parent(s)

All submitted documentation will be reviewed by a Financial Aid Administrator to determine if the student will be granted a dependency override. An official notification of the decision will be sent to the student if approved, and the financial aid office will make necessary corrections to the student's FAFSA on behalf of the student. All documentation will be maintained in the student's Financial Aid file.

A dependency override is granted on a yearly basis. If a student is granted an override in the previous academic year, the student must reapply each year. Please submit all documents as soon as possible to the Financial Aid office to avoid processing delays. If you have any further questions, please reach out to the Office of Financial Aid immediately.

A reminder that all documentation must contain original signatures. We cannot accept electronic signatures. Submission of this Dependency Override Request does not guarantee approval of status change.

A. STUDENT INFORMATION

Student Name: _____ UTHSC ID885 _____

College/Program: _____

B. Required Documentation

- 1. Please provide a typed or written statement explaining why you are requesting to be independent for financial aid purposes. This typed or written statement must contain the following:**
 - Please include all relevant details including names, dates, incidents, places, etc.
 - Please explain your current living situation and your living situation for the past year. Include where and with whom you are currently residing, how you are being supported, and the relationship of whom you are living with.
 - Please clarify the whereabouts of your biological parent(s) and their current living arrangements. Include any contact you had with your parent(s) and the frequency of contact you had with them over the past year.
 - Clearly explain how you have been supporting yourself.
- 2. Please submit two (2) signed statements confirming the specifics as described by you in your written statement. One (1) statement must be from a disinterested, professional, third party, on official company letterhead and one (1) signed statement must be from a relative, friend or family member. Both statements must include contact information.**
 - Examples of a disinterested professional, third parties include, but are not limited to: employer, clergy, social worker, attorney, teacher, counselor, psychologist, etc.
 - These statements must be typed or in writing, on appropriate letter heading including all contact information (name, address, phone number, email, company name, etc.) and must contain an original signature
- 3. Submit a signed copy of your (the student) most recent 1040 tax return including all schedules or a copy of your most recent Tax return Transcript from the IRS.**
 - If you did not file a tax return, please obtain the Statement of Non-Filing from the IRS and submit a signed statement clarifying how you have been supporting yourself.
 - If someone else, other than a parent, claimed you on their taxes, please submit a signed copy of their most recent tax return proving that they claimed you as an exemption.
- 4. Submit all documentation to support your request for a dependency override, such as, but not limited to:**
 - Death Certificates, Newspaper Obituary, Polices Reports, Orders of Protection, Dissolution of Marriage (Court) Documentation (Divorce decree), etc.

C. Questions

EMPLOYMENT INFORMATION

Current Employer _____ Date of Employment _____

Address _____

City _____ State _____ Zip Code _____

Do you have any untaxed income? (Social Security, welfare benefits, worker's compensation, etc)

☐ Yes ☐ No Source _____ Amount per month \$ _____

MISCELLANEOUS INFORMATION

Do you drive a car? ☐ Yes ☐ No

Is Auto Insurance in your name or your parents' name? ☐ My name (independent) ☐ Parents' name (dependent)

Do you rent/lease a house or apartment? ☐ Yes ☐ No Amount paid monthly for housing \$ _____

If "yes," name on rental agreement or lease.

If the answer is "no," where you are residing? _____

If "no," tell us on a separate sheet of paper how (by what means) you live.

When was your last date of contact with your mother? _____ father? _____

D. Wages and Income Verification

Please describe your average monthly income and identify the source(s) by name. If no answer, please put \$0

Type of Income	Gross Amount per Month	Source of Income (Name)
Wages		
Savings/Investments		
Unemployment Benefits		
Social Security Benefits		
Welfare Benefits		
Cash Support		
Other (Please Specify)		

Please describe your average monthly expenses and how they are covered. If no answer, please put \$0. Estimate your current monthly costs in the second column. Give the name(s) and relationship(s) of the person(s) who pay(s) the expenses or provides the item for you. If you pay the cost, enter "SELF" in the third column.

Type of Expense	Monthly Expense	Who pays this expense?
Housing		
Utilities		
Telephone		
Transportation		
Clothing		
Medical		
Other (Please Specify)		

CERTIFICATION

I hereby certify that all statements and information provided on the worksheet are true, complete, and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this worksheet. I understand it is a federal crime if I purposefully give false or misleading information on this worksheet, which may be subject to a fine, imprisonment, or both.

Student Signature: _____

Date: _____

Financial Aid Office Use Only

Date received _____ ☐ Approved ☐ Denied

Financial Aid Office Signature _____