Dependency Override Request Form - PJ

Name

Student ID#

Address

City

State

Zip Code

A dependency override generally can be CONSIDERED for an otherwise dependent FASFA applicant if one or more of the following conditions exist and are documented by the applicant:

1. An emotionally or physically abusive, unhealthy, or unsafe family environment exists.
2. Abandonment or neglect of the student by the parent(s) has occurred.
3. The student has been removed from the parent(s) residence by court order.
4. Circumstances documented in police reports or court orders.
5. The custodial parent(s) is incarcerated.
6. Custodial parent is deceased and other parents meets one or more categories.
7. Other unusual or extraordinary circumstance, events or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FASFA.

In accordance with the US Department of Education, a dependency override cannot be approved for an otherwise dependent financial aid (FASFA) applicant if the following conditions are the only circumstances cited by the applicant:

1. The student claims financial self-sufficiency.
2. A parent is UNWILLING to contribute financially toward the student’s educational and living expenses.
3. A parent is UNWILLING to provide information required on the student’s FASFA or to assist in completing the verification process.
4. A parent DOES NOT claim the student as a federal income tax exemption.
5. You and your parents have disagreements resulting in a strained relationship.
6. The student no longer lives at home.

REQUIREMENTS

To be considered for a dependency override, you must:

- Complete a FAFSA (fafsa.ed.gov).
- Submit a personal statement describing your circumstance. The statement should include the nature of your relationship with your parents, the location of both of your parents and when you last had contact with them, why you cannot obtain information and/or financial support from your parents, and how you been supporting yourself.
- Submit a copy of your 2017 IRS tax return transcript and W-2 Forms.
- Provide statements from two adult professionals who can verify the family circumstances described in your personal statement.

*Professionals may include clergy members, attorneys, school counselors, medical doctors, mental health professionals, law enforcement officers, Department of Child and Family Staff, and officers of the court. Letters must be on agency letterhead and signed with a professional title specified. Statements from family members are not acceptable for required documentation.

OTHER POTENTIALLY HELPFUL DOCUMENTATION (dated within the last 60 days)

- Examples include Rent/Lease Agreement, Receipts, and/or third letter of explanation from a family member confirming your personal statement.

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Parent 1 Name: _____________________________________ Address: __________________________________________ Phone #: ____________________

Parent 2 Name: _____________________________________ Address: __________________________________________ Phone #: ____________________

When did you last live with your parents? _________________________________________________________________

When did your parents last provide any monetary support for you? ____________________________________________

Who do you live with at the present time? ________________________________________________________________

When was the last time you had contact with your parents? Parent 1 – Date __________ Parent 2 – Date __________

How often do you have contact with your parents? Parent 1 – Date ___________ Parent 2 – Date ____________

Did you file the 2018-2019 FAFSA? Yes No If yes, Date filed ______________

Have you previously applied for Dependency Override at GSW? Yes No

If yes, was your application ☐ approved or ☐ denied Date of Application ____________________________

You must include information on both parents (biological or adoptive).

Based on professional judgment of the Office of Student Financial Aid. The petition will either be approved or denied. You will be notified in writing or via e-mail of the decision. Please allow 10 to 14 days for a decision. Failure to submit sufficient documentation will result in cancelation of the request.

If your Petition for Dependency Override is approved and you have a completed FAFSA on file for the year under review, the OSFA will send any necessary FAFSA corrections to the U.S. Department of Education. If you have not completed the FAFSA, you must do so at www.FAFSA.gov.

A Dependency Override is granted on a yearly basis. Therefore, a student who was granted a Dependency Override must reapply for a Dependency Override in subsequent academic years.

The student will need to complete the “Dependency Override Request Form” each academic year to be evaluated for possible renewal of his/her status, however, the outcome may change depending on my circumstance.

If denied you can request consideration for an ‘Unsubsidized Loan’ only. Please acknowledge by signing that you understand you cannot receive any additional financial aid because you are not providing the parental information on the FAFSA. This only avenue to receiving additional financial aid is to provide your parental income.

☐ YES NO ☐

Student Signature __________________ Date ______________

For Office Use: ☐ Receipt of rejected FAFSA ☐ Personal Statement
☐ Professional Statements ☐ Copy of student IRS Tax Return Transcript Approved / Denied by: ____________________________

Initials ___________ Date ______________