

2017-2018 DEPENDENCY OVERRIDE REVIEW

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 custodial parent(s) is incarcerated.
4. The student has been removed from the parent(s) residence by court order.
5. Other unusual or extraordinary circumstance, events or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FASFA.
6. Circumstances documented in police reports or court orders.

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.

REQUIREMENTS

To be considered for a dependency override, you must:

- Complete a FAFSA (fafsa.ed.gov).
- Submit a personal statement describing your circumstance.
- Submit a copy of your IRS tax return transcript.
- 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.

When you have **all** required documentation, you may schedule an appointment to meet with a financial aid administrator by using the [online appointment request form](http://wcsu.edu/financial-aid/appt-request.asp) (wcsu.edu/financial-aid/appt-request.asp).

I certify that all the information submitted is accurate. I understand that this request may be subject to a request for further documentation. If approved, I understand that I must renew the dependency override each award year; however, the outcome may change depending on my circumstance.

Student Signature

Date

For Office Use: Receipt of rejected FAFSA
 Professional Statements

Personal Statement
 Copy of student IRS Tax Return Transcript

Approved / Denied by: _____
Initials Date