

STUDENT UNUSUAL CIRCUMSTANCES - DEPENDENCY OVERRIDE

REQUIREMENTS

3 SIGNED STATEMENTS FROM:

1. STUDENT
2. FAMILY MEMBER OR FRIEND
3. NEUTRAL 3RD PARTY (MOST IMPORTANT).
 - a. PLEASE PROVIDE A 3RD PARTY LETTER FROM A NEUTRAL SOURCE. PER USDE REGULATIONS, "A THIRD PARTY THAT KNOWS THE STUDENT'S SITUATION—SUCH AS A TEACHER, COUNSELOR, MEDICAL AUTHORITY, MEMBER OF THE CLERGY, PRISON ADMINISTRATOR, GOVERNMENT AGENCY, OR COURT— SHOULD ESTABLISH THE SPECIAL UNUSUAL CIRCUMSTANCES. EVIDENCE CAN BE A SIGNED LETTER OR AN OFFICIAL DOCUMENT, SUCH AS A COURT ORDER."

THE SIGNED STATEMENTS MUST DOCUMENT:

1. ABANDONMENT BY PARENTS; AND/OR DON'T KNOW WHERE THEY ARE
2. AN ABUSIVE FAMILY ENVIRONMENT THAT THREATENS THE STUDENT'S HEALTH OR SAFETY
3. HAVE REFUGEE OR ASYLEE STATUS AND ARE SEPARATED FROM THEIR PARENTS, OR THEIR PARENTS ARE DISPLACED IN FOREIGN COUNTRY
4. ARE A VICTIM OF HUMAN TRAFFICKING

PLEASE BE SURE THE STATEMENTS ADDRESS BOTH BIOLOGICAL (OR ADOPTIVE) PARENTS.

A FINANCIAL AID ADMINISTRATOR (FAA) MUST DO DEPENDENCY OVERRIDES ON A CASE-BY-CASE BASIS FOR STUDENTS WITH UNUSUAL CIRCUMSTANCES. IF THE FAA DETERMINES THAT AN OVERRIDE IS APPROPRIATE, SHE/HE MUST WRITE OUT THE DETERMINATION AND RETAIN IT WITH THE SUPPORTING DOCUMENTATION.

HOWEVER, PER USDE GUIDANCE REGARDING DEPENDENCY OVERRIDES, NONE OF THE CONDITIONS LISTED BELOW, SINGLY OR IN COMBINATION, QUALIFY AS UNUSUAL CIRCUMSTANCES MERITING A DEPENDENCY OVERRIDE:

1. PARENTS REFUSE TO CONTRIBUTE TO THE STUDENT'S EDUCATION
2. PARENTS ARE UNWILLING TO PROVIDE INFORMATION ON THE FAFSA OR FOR VERIFICATION
3. PARENTS DO NOT CLAIM THE STUDENT AS A DEPENDENT FOR INCOME TAX PURPOSES
4. STUDENT DEMONSTRATES TOTAL SELF-SUFFICIENCY

2024/2025 DEPENDENCY STATUS THIRD PARTY CERTIFICATION FORM

THIS FORM IS TO BE COMPLETED BY SOMEONE WHO KNOWS THE STUDENT NAMED BELOW WELL AND WHO IS FAMILIAR WITH THE STUDENT'S CIRCUMSTANCES AS THEY PERTAIN TO THE STUDENT'S RELATIONSHIP WITH HIS/HER PARENT(S).

STUDENT NAME: _____ STUDENT SS#: _____ - _____ - _____

TO WHOM IT MAY CONCERN:

THE STUDENT NAMED ABOVE HAS INDICATED TO THE FINANCIAL AID OFFICE THAT HE/SHE IS UNABLE TO PROVIDE PARENTAL INFORMATION ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) DUE TO SPECIAL/UNUSUAL CIRCUMSTANCES. PLEASE COMPLETE THE ANSWERS BELOW TO ASSIST US IN THE EVALUATION OF THIS CLAIM SO THAT WE MIGHT BE ABLE TO OFFER THE STUDENT FINANCIAL AID IN COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION GUIDELINES. THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.

FINANCIAL AID OFFICER

1. HOW LONG HAVE YOU KNOWN THE STUDENT? _____

2. PLEASE PROVIDE A STATEMENT REGARDING YOUR KNOWLEDGE OF THE STUDENT'S FAMILY HISTORY AND CURRENT RELATIONSHIP WITH PARENT(S).

3. IN YOUR OPINION, WHY IS THE STUDENT UNABLE TO PROVIDE PARENTAL INFORMATION FOR FINANCIAL AID APPLICATION PURPOSES?

4. WHAT IS THE LAST DATE THAT THE APPLICANT:

A) RECEIVED FINANCIAL SUPPORT FROM HIS/HER PARENTS? ___/___/___

B) LIVED WITH HIS/HER PARENTS? ___/___/___

5. HOW IS THE STUDENT CURRENTLY SUPPORTING HIMSELF/HERSELF AND EXPLAIN THE STUDENT'S CURRENT LIVING ARRANGEMENTS.

COMPLETED BY:

NAME: _____ AGE: _____

PHONE #: (_____) _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

OCCUPATION: _____

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____