

**Dependency Override Worksheet**

**2017-18**

Student's Name: \_\_\_\_\_  
Last
First
MI

Phone: \_\_\_\_\_ - \_\_\_\_\_

**What Constitutes as Extenuating Circumstances:**

Circumstances that demonstrate a permanently broken relationship with your parents:

1. An abusive family environment (for example: sexual, physical, or mental abuse or other forms of domestic violence);
2. Incarceration or institutionalization of both parents;
3. An unsuitable household (for example: child removed from the household and placed in foster care before the age of 13, but not in foster care at age 13 or older).

**What Does Not Constitute Extenuating Circumstances:**

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. The student demonstrates total self-sufficiency;

**Student Instructions:**

1. Answer the questions below, and sign and date this form.
2. Submit all required documentation at the same time. You should keep a copy of everything you turn in, and you should never submit your original tax forms or your only copy of other documents to us.

**NOTE:** Completing the form and submitting documentation is only part of the process and does not mean automatic approval. You should be aware that the school is not required to perform dependency overrides, and if the financial aid administrator determines that an override is not appropriate, his or her decision cannot be appealed to the U.S. Department of Education.

**Section 1: Explanation of Situation**

In the space provided please provide an explanation of your extenuating circumstances, providing sufficient details for a determination of a permanently broken relationship with your parents.

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**Section 2: Location of Parents**

In this section please provide the current location of your parents

Father's Location: \_\_\_\_\_

Mother's Location: \_\_\_\_\_

**Section 3: Documentation and Statements**

In this section please list the documentation being provided in regards to your situation. Documentation should be provided from two or more of the following:

- high school counselor or official
- doctor
- minister
- lawyer
- social worker
- law enforcement official or a court official who has knowledge of the situation
- Third-party who has knowledge of the situation

**NOTE:** Written statements must be notarized, additionally if a statement comes from a high school counselor or official, a doctor, a minister, a lawyer, a social worker, or a law enforcement official their statement must be on letterhead from their organization.

List of documentation being provided:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Section 4: Proof of Self-Sufficiency**

In this section you must provide proof of income for the 2015 year (If your total income is less than \$11,770, you must explain how you are meeting your living expenses without parental assistance by completing an Income Clarification Worksheet.)

Below please check the boxes appropriate for the documentation being provided:

Tax Filers

- 2015 IRS Tax Return Transcript
- Schedule C from 2015 Taxes (Only if self Employed)
- Income Clarification Worksheet (If income is less than \$11,770)

Non Tax Filers

- W-2(s)
- 1099
- 1098-T
- Income Clarification Worksheet

**Section 5: Sign this worksheet**

By signing below, I acknowledge and confirm that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 6: School Official Certification**

I, \_\_\_\_\_, attest that the information provided in this worksheet and the provided documentation to be true and accurate to the best of my knowledge. Furthermore, I believe the student qualifies for a Dependency Override for Federal Financial Aid purposes.

Financial Aid Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_