



2025-2026 Request for Dependency Override

Student's Name:

Student ID:

1. A personal letter of appeal explaining your request for a dependency override. The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:

The whereabouts of your biological parents and their current living arrangements. Include your last contact with your biological parents and the frequency of contact with them over the past year(s).

- ~ Why you cannot provide parental information on the Free Application for Federal Student Aid (FAFSA).
- ~ Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.
- ~ Your current living arrangements; with whom you live with, and who provides financial support for you.
- ~ Your name, Social Security Number, and Signature

2. Letters from two individuals who can attest to your situation. Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents.

- ~ The first letter should be from a professional individual unrelated to the student – counselor, social worker, teacher, clergy, police, etc.
 - ~ The second letter should be from either a professional or non-professional individual who is familiar with your situation.
 - ~ Each letter must include the individual's name, title or position, address, and signature.
 - ~ The individuals cannot be related to each other and must reside at separate addresses.
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3. A completed and signed 2025-2026 FAFSA – leave the parent section blank.

4. A signed and dated student's 2023 Federal Income Tax transcript (If applicable).

5. Please complete the following information:

- ✓ Did anyone claim you on their 2023 Federal Income Tax Return?
☐ Yes ☐ No

If yes, provide the person's name and relation to the student.

Person's Name:

Relationship to Student:

Dependency override will **not** be processed until all required documents are submitted.

Student's Name:

Student ID:

✓ Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2023?

☐ No

☐ Yes

If yes, list the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2023.

Source 1:

Monthly Amount: \$

of Months Received:

Source 2:

Monthly Amount: \$

of Months Received:

Provide the following information (you may be asked to provide documentation) about your expenses.

Expenses	2023 (Monthly)	Support Provided By:	2023 (Monthly)	Support Provided By:
Housing (rent, mortgage)				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (car payments, insurance, and maintenance)				
Other Personal Expenses				
Total MONTHLY Expenses				
Total YEARLY Expenses				

If any amounts are zero, explain the reason.

I certify that all the information on the form concerning my request for a dependency override is correct and complete.

Student Signature

Date

For Office Use Only:

Processed By: _____

Date: _____

Decision: ☒ Independent ☐ Dependent Student Notified: ☐ Yes ☐ No