

2023-24 DEPENDENCY OVERRIDE REVIEW

Name		Student ID#	
Address	City	State	Zip Code

A dependency override generally can be **CONSIDERED** for an otherwise dependent FAFSA 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 or deceased.
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 FAFSA.
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 (FAFSA) 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 FAFSA 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 (studentaid.gov).
- Submit a personal statement describing your circumstance. Submit a signed copy of your most recent IRS Tax Return Form.
- 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 and friends are **not** acceptable.

When you have **all** required documentation, please mask any personally identifiable information and email to financialaid@sosouthernwv.edu for processing.

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:	<input type="checkbox"/> Receipt of rejected FAFSA	<input type="checkbox"/> Personal Statement	Approved / Denied by: _____
	<input type="checkbox"/> Professional Statements	<input type="checkbox"/> Copy of student IRS Tax Return Transcript	Initials _____ Date _____