



Office of Financial Assistance  
 100 College Drive  
 Logan, WV, 25601  
 (304) 896-7060  
[FinancialAid@southernwv.edu](mailto:FinancialAid@southernwv.edu)

### Dependency Override Review

<b>Student Information:</b>	
Student Name:	
Student ID:	Date of Birth:
Student Email:	Student Phone Number:
Student Address:	

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) The parent and student have disagreements resulting in a strained relationship.

### Requirements

To be considered for a dependency override, you must:

- \* Complete a FAFSA ([studentaid.gov](http://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@southernwv.edu](mailto:financialaid@southernwv.edu) for processing.

### Certification

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 circumstances.

<b>Student Signature:</b>	<b>Date:</b>
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<u>For Office Use</u>			
Receipt of Rejected FAFSA	Personal Statement	Approved/Denied By _____	
Professional Statements	Copy of Student Tax Return Transcript	Initials	Date

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