

2017-18 Dependency Override Appeal

Federal financial aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined using parent income and asset information in addition to your information.

What makes a student Dependent or Independent?

Your student dependency status is determined by the U.S. Department of Education, based on your responses to specific questions on the FAFSA. For financial aid purposes, federal regulations have defined an independent student as one who meets **AT LEAST ONE** of the following conditions:

- Born before January 1, 1994
- Married as of the date FAFSA signed
- Have children who receive *more than half their support* from the student, OR have legal dependents, other than a spouse or children, who live with student and receive *more than half their support* from the student
- Attending graduate level program of study during the 2017-18 academic year
- Veteran of U.S. Armed Forces (or will be a veteran as of June 30, 2017), or have attended a service academy and were released under a condition other than dishonorable
- Currently serving on active duty in U.S. Armed Forces (other than for training)
- Emancipated Minor or in Legal Guardianship as determined by the court in her /his state of legal residence
- Orphan, ward of the court, foster care (after age 13)
- A self-supporting unaccompanied youth who is homeless or at risk of homelessness (as certified by governmental or school agency)

A student who does not meet **ANY** of the above classifications is classified as a Dependent student.

What is a Dependency Override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual & exceptional circumstances. These circumstances must show compelling reason for a student to be considered independent rather than dependent.

What conditions *COULD* warrant a Dependency Override?

The following are some examples of conditions that could warrant a Dependency Override:

- Documented abandonment
- Parental drug use
- Parental mental incapacity
- Physical or emotional abuse
- Severe estrangement from parents
- Parental incarceration

What conditions *DO NOT* warrant a Dependency Override?

By federal law, the following conditions *DO NOT* warrant a Dependency Override:

- Parents refuse to provide information on the FAFSA application or for verification
- Parents do not claim student as dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency
- Student reluctant to request the income information from parents
- Student does not wish to communicate with parents

APPEAL INSTRUCTIONS

PLEASE NOTE THE FOLLOWING:

You should complete this form if you are considered a dependent student for federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Office for Student Financial Affairs. **We understand the sensitive nature of these circumstances; all documentation received by SFA will be kept confidential.**

Please note the following:

- Complete the 2017-18 FAFSA online at www.fafsa.ed.gov *prior* to completing and submitting the Dependency Override Appeal.
- Financial Aid Policy at the University of Florida requires that a student seeking a Dependency Override must complete the Dependency Override Appeal. *Decisions made at other institutions are not accepted.*
- When submitting your appeal, *you will be required to meet with your financial aid adviser.*
- The determination of whether or not to approve a dependency override is made by SFA—not the U.S. Department of Education. All decisions made by SFA on dependency overrides are FINAL—there is no appeal.

The Appeal Process

1. **FAFSA:** Complete the FAFSA prior to submitting the Dependency Override Appeal
2. **Dependency Override Appeal Form:** complete all sections of the appeal form
3. **Third Party Statements:** Provide at least two letters from third-party adult individuals who personally have knowledge of your situation and who can verify your circumstances. **At least one letter (on letterhead) must be from a guidance counselor, physician, social worker, clergy person, or another individual who has been involved in the circumstances in a professional capacity.** All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand knowledge of your situation. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone number and address where the individual can be reached for follow-up questions must be included.
4. **Supporting Documentation:** In addition to your appeal form and third-party statements, you must provide a copy of your current lease or rental agreement. If you do not have either, attach a signed statement from your current landlord verifying your tenancy.
5. **Meet with a financial aid administrator:** Once you have completed the appeal form and gathered your statements and supporting documentation, contact your financial aid adviser to make arrangements to meet with them and to submit your appeal in person.

2017-18 Dependency Override Appeal

UFID: _____ – Student's Name: _____

Phone _____ Email _____

Financial Aid policy at the University of Florida requires a student seeking a dependency override to complete and submit the Dependency Override Appeal Form, with all required documentation. Decisions made at other institutions are not accepted. Refer to the instructions page for complete details.

STEP ONE: Personal Statement

Please attach a personal statement, detailing the unusual & extenuating circumstances that you believe warrant a review of your dependency status. Be sure to include the following:

1. The nature of your relationship with **both** your mother and father
2. The location of both parents **AND** when you last had contact with them
3. Why you cannot obtain information and/or support from your parents

STEP TWO: Third Party/Professional Statement

Provide at least two letters from third party, adult individuals who personally have knowledge of you and your situation and who can verify your circumstances. Please note the following:

1. At least one letter (on letterhead) must be from a guidance counselor, physician, social worker, licensed therapist, clergy person, or other individual who has been involved in the circumstances in a professional capacity.
2. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand personal knowledge of your situation.
3. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone and address where the individual can be reached for follow-up questions must be included.

STEP THREE: Residence Information**Check the appropriate box below:**Where did you live during 2016-17? On Campus Off Campus With ParentsWhere did you live during 2017-18? On Campus Off Campus With Parents**STEP FOUR: EXPENSES (Pt. 1): For each item listed below, place an X in the appropriate box.**Did your parent(s) claim you as an exemption on their 2015 federal tax return? Yes NoWill/did your parent(s) claim you as a dependent on their 2016 tax return? Yes NoDid your parent(s) provide your health insurance in 2016-17? Yes NoWill your parent(s) provide your health insurance in 2017-18? Yes NoDid your parent(s) provide your auto insurance in 2016-17? Yes NoWill your parent(s) provide your auto insurance in 2017-18? Yes No

UFID: _____ – _____ Student's Name: _____

STEP FIVE: EXPENSES (Pt. 2): Indicate who pays for each expense listed in the chart below.

Expense	Resource (who pays for the expense)
Rent	
Utilities	
Telephone	
Food	
Transportation (car payment and insurance)	
Medical (health insurance)	

STEP SIX: Prior year financial aid support

Did you receive financial aid during the 2016-17 year (Fall 2016, Spring 2017, or Summer 2017)? Yes No

If you answered 'yes,' list the institution(s) you attended during the 2016-17 academic year:

STEP SEVEN: Student Certification

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Student Signature _____ Date _____

RETURN IN PERSON TO:
The Office for Student Financial Affairs
S-107 Criser Hall



Key Punch Stamp