



Dependency Status Override Application

Academic Year: 20_____ - 20_____	Fairfield ID# _____
Student Last Name _____	First Name _____
Date of Birth _____ - _____ - _____	SSN _____ - _____ - _____
E-mail _____ @ _____	
Home Phone _____ - _____ - _____	Cell Phone _____ - _____ - _____
	Work Phone _____ - _____ - _____
Address _____	Apt # _____
City _____	State _____ Zip _____ - _____

The federal government sets the criteria to determine the dependency status for financial aid applicants. There are two types of students—dependent and independent. The Higher Education Amendments of 1992 redefined the criteria by which dependency is determined. Under these criteria, most unmarried, undergraduates less than 24 years of age are considered dependent. The federal government realizes, however, that there may be exceptions.

For this reason, it allows financial aid administrators the use of professional judgment to override the criteria in extreme circumstances and classify students as independent. Professional judgment must be justified and supported by adequate documentation.

If, after answering the questions in Step 3 of the Free Application for Federal Student Aid ([FAFSA](#)), you are classified as *dependent*, but believe that you should actually be considered *independent*, you may appeal your student status. The approved reason for submitting a dependency status override application is described below.

If you feel that you are eligible to file an appeal, complete the ***Dependency Status Override Application***, and submit the appropriate supporting documentation to the Office of Financial Aid. Your appeal will be evaluated, and a decision will be sent to you within two weeks. Failure to answer all questions adequately or failure to provide all of the required documentation will delay or cause your appeal to be denied. **If you wish to be considered for a dependency override each academic year, you must submit, each academic year, a *Dependency Status Override Application* and all required supporting documentation.**

The dependency override appeal decision will be based on the circumstances as detailed in this form and on the quality of additional documentation you provide. All information will be held strictly confidential in the Office of Financial Aid. If you have any questions, please contact the Office of Financial Aid.

Submission of this application neither guarantees an approval of the appeal or an offer of financial aid, nor does it prevent the accrual of late fees on any unpaid student account balances.

Please complete the application in its entirety on the following pages and submit to the Office of Financial Aid.

REASON FOR DEPENDENCY OVERRIDE

A situation exists in your family that makes it extremely unreasonable or impossible for you to obtain your parents' income and asset information. Examples of such situations would be parental drug abuse, parental mental incapacity, physical or emotional abuse, or parental incarceration.

REQUIRED DOCUMENTATION

Submit a personal statement in which you explain the situation that exists in your family. When writing your statement, be complete and specific. The more information you provide, the better your chances will be of having your appeal approved. Please be assured that all information will be held in strict confidence.

1. Submit statements from at least two third-party persons/professional adults who are familiar with and can verify your circumstances. Professional adults would include teachers, clergy, guidance counselors, law enforcement officials, or doctors providing treatment. The person writing must include his/her name, phone number, e-mail address, and relationship to you. These statements must be signed. If the statement is not on business letterhead, the statement *must* be notarized.
2. Submit the ***Dependency Status Override Appeal Form*** (pages 2, 3) and all supporting documentation (if applicable) to the Office of Financial Aid.

MOTHER'S NAME (Last) _____ (First) _____

Address _____ Apt # _____

City _____ State _____ Zip _____

FATHER'S NAME (Last) _____ (First) _____

Address _____ Apt # _____

City _____ State _____ Zip _____

CURRENT EMPLOYER _____ Phone _____ - _____ - _____

Address _____ City _____ State _____ Zip _____ - _____

PREVIOUS EMPLOYER _____ Phone _____ - _____ - _____

Address _____ City _____ State _____ Zip _____ - _____

Student Last Name _____	First Name _____	Fairfield ID# _____
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UNTAXED INCOME (Social Security Benefits, state/federal assistance)

Source: _____ Amount per month/year \$ _____

Source: _____ Amount per month/year \$ _____

AUTOMOBILE INFORMATION

Make _____ Model _____ Year _____ Insurance Company _____

Policy # _____ Policy Holder (if other than you) _____ Amount per month \$ _____

Lease Own Amount per month (if applicable) \$ _____

HOUSING INFORMATION

RENT _____ OWN _____ If RENT, name(s) on rental agreement/lease (if other than yours): _____

Amount per month (if rent/own): \$ _____

If you *do not pay for your housing*, explain on a separate sheet of paper (in addition to your personal statement), who you live with and who pays for your housing.

CERTIFICATION

By signing below,

- 1. I affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of my knowledge.
- 2. I acknowledge that submission of this form does not guarantee an offer of financial aid.
- 3. I acknowledge that submission of this form does not waive any other financial aid requirements.
- 4. I acknowledge that submission of this form does not guarantee a dependency override.
- 5. I recognize that submission of this form does not prevent the accrual of late fees on unpaid balances.
- 6. I will make arrangements to pay my bill on time and will not wait for the outcome of this appeal.

Students will be notified, in writing, of the appeal decision within two weeks. Please print, sign and submit this form to the Office of Financial Aid.

STUDENT SIGNATURE _____ **Date** _____