

Dependency Override – Petition to Apply for Independent Status

Financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If a student is deemed to be a **dependent** student on the Free Application for Federal Student Aid (FAFSA), parental information and signatures must be provided on the FAFSA for the student to be considered for financial aid. Occasionally, due to **unusual circumstances**, a student may be unable to obtain parental information and may request to have their circumstances reviewed for consideration of **independent** student status (referred to as a **dependency override**).

The Higher Education Act permits a financial aid administrator to make a dependency override on a case-by-case basis when a student has **unusual circumstances and is unable to obtain parental information or contact with parents poses a risk to such student**. The outcome of this petition is dependent on the nature of your circumstances and the documentation provided to support your petition.

Examples of unusual circumstances which *may* qualify for a dependency override (all of which must be documented):

- Parental abuse or abandonment;
- Human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.);
- Legally granted refugee or asylum status; and
- Student or parental incarceration.

Examples of circumstances that do NOT qualify as unusual circumstances meriting a dependency override (singly or in combination):

- Student's reluctance to request income information from their parents;
- Parents refuse to pay, or are not financially able to pay, for the student's education;
- Parents will not provide information for the FAFSA or verification;
- Parents do not claim the student as a dependent for income tax purposes; and
- Student demonstrates total self-sufficiency; does not rely on their parents for support.

Section A: Student Information

Last Name: _____ First Name: _____ Middle Initial: _____
NU Student ID: _____ Date of Birth: _____ Phone #: _____
Permanent Home Address: _____
City: _____ State: _____ ZIP Code: _____

Section B: Student Statement

On a separate piece of paper, describe the unusual circumstances that merit a dependency override (address all items below):

1. Describe in detail the unusual circumstances that would merit a dependency override.
2. Identify the name(s) and location(s) of your parent(s) and/or step-parent(s).
3. Describe the last time you had contact with each of your parents and/or step-parents. Include when, where, and the nature of the contact.
4. Explain why you are not able to obtain parental information for the FAFSA.
5. Describe how you have been supporting yourself:
 - a. When did you start meeting your expenses without parental support?
 - b. How have you provided for yourself?



Section C: Supporting Documentation

You **must** also provide supporting documentation to substantiate your unusual circumstances. The documentation must be consistent and relate to your unusual circumstances that differentiate you from the conditions of other students. Generally, the documentation of unusual circumstances should come from at least **two third parties** who know your situation, one of whom is not a relative or friend. Examples of such persons include clergy, social workers or other social service personnel, court officials (may include copies of court documents), teachers or high school counselors, and police officers. Examples of supporting documentation may include, but is not limited to, the following:

1. Documented interview between the student and Student Financial Services staff.
2. Documented determination of independence made by a financial aid administrator at another school in the same or a prior award year.
3. Utility bills, health insurance, or other documents that demonstrate a separation from parents or legal guardians
4. Documented phone call or written statement, which confirms the unusual circumstances with:
 - a. A state, county or Tribal welfare agency
 - b. An independent living case worker who supports current and former foster youth with the transition to adulthood
 - c. A public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence
5. Documented phone call or written statement from an attorney, guardian ad litem, a court-appointed special advocate (or similar), or a representative of a TRIO or GEAR UP program that confirms the circumstances and the person's relationship to the student.
6. Submission of a court order or official Federal or State documentation that the student or student's parents or legal guardians are incarcerated.

Section D: Information for Persons Submitting Statements

Person 1

First Name _____ Last Name _____ Phone Number _____
Current Address _____
City _____ State _____ Zip Code _____
Occupation _____ Relationship to You _____

Person 2

First Name _____ Last Name _____ Phone Number _____
Current Address _____
City _____ State _____ Zip Code _____
Occupation _____ Relationship to You _____

Section E: Signature

By signing this worksheet, I certify that all the information reported is complete and correct.

Student Signature _____ Date ____/____/____

****This form must be signed and dated in order to be processed****

Student Financial Services Use Only

- ☐ Accepted per Professional Judgement based on Unusual Circumstances
☐ Denied

Reviewed By: _____ Date: _____

