



2020–2021 Dependency Override Application (FADOAP)

An FSU student with a previously approved dependency override for the 2019–2020 aid year, who **does not** meet the federal criteria for independent status on the 2020–2021 Free Application for Federal Student Aid (FAFSA), may submit this renewal application **AND** a notarized statement documenting their current status so we may determine if the prior year’s established, extenuating circumstances still exist.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Contact Phone with Area Code	Date of Birth	FSU EMPLID	

The Office of Financial Aid is permitted to use professional judgment on a case-by-case basis to determine if a student meets the criteria to be considered independent. If you believe you have extenuating circumstances that may warrant a review of your dependency status for the current award year, **you are required to provide documentation to support your request.**

The documentation of circumstances should come from two (2) third parties who know the student’s situation. However, in cases where this is not available, the school can accept a signed, dated, and notarized statement from family and/or friends detailing the circumstances. The Free Application for Federal Student Aid (FAFSA) **must** be completed **before** this application is submitted to the Office of Financial Aid for review.

NOTE: This form is for **new** applicants only. Please complete the **renewal** application if you have been previously approved.

Please select the check boxes matching the description of the third parties who are submitting documentation on your behalf and attach that documentation with this form. **Please remember that you must provide (2) third-party statements.**

- Teacher/Professor
- Guidance Counselor
- Social Worker
- Court/Public Agency
- Law Enforcement Officer
- Attorney
- Psychiatrist/Health Professional
- Clergy
- Family/Friend
- Other _____

Where did you live in 2019? _____ State On Campus Off Campus With Parents

Where will you live in 2020? _____ State On Campus Off Campus With Parents

Please provide a detailed description of the extenuating circumstances that would merit changing your dependent status to independent, including how you have been sustaining yourself without parental support. **Please remember that you must attach your substantiating documentation for your claim with this form.**

NOTE: If your statement is written on this form, this document may be stamped by a notary in the blank space below the date in the bottom right corner. If you have difficulty obtaining a notary’s signature, please contact the financial aid office.

- Circumstances that do not warrant a dependency override:
- Parents refuse to contribute to educational costs
 - Parents unwilling to provide information on FAFSA or for verification purposes
 - Parents do not claim the student as a dependent for income tax purposes
 - Parental income too high to qualify for need-based aid
 - Student demonstrates total self-sufficiency

Certification

My signature below indicates the information on this form and the supporting documents are true and accurate to the best of my knowledge. I have read each section and provided the appropriate, required documentation. I realize that if I **do not** provide supporting documentation, **no further action will be taken on this request by the Office of Financial Aid.**

Signature Date

FOR OFFICE USE ONLY

Approved Denied Cancelled
