



## 2021–2022 Dependency Override Application (FADOAP)

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 2020? \_\_\_\_\_ State  On Campus  Off Campus  With Parents

Where will you live in 2021? \_\_\_\_\_ 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.**

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**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.**

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Signature Date

**FOR OFFICE USE ONLY**

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Approved  Denied  Cancelled

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