



## 2022-2023 Dependency Override Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_ Date of Birth \_\_\_\_\_ 9-Digit FSU EMPL ID \_\_\_\_\_

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 the student, are REQUIRED to provide documentation to support your request.

A. **What is 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 and exceptional circumstances. These circumstances must show compelling reasons for a student to be considered independent rather than dependent.

B. **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
- Parents income too high to qualify for need-based aid
- Student demonstrates total self-sufficiency

The documentation of circumstances should come from two (2) third parties who know the student’s situation but in cases where this is not available, the school can accept a signed and dated 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. This form is for NEW applicants only. Please complete the RENEWAL application if you have been previously approved.

Reason for Dependency Override Application **(Please check box that pertains to your situation)**

- Incarcerated Parent(s)
- Abuse
- Parental Abandonment
- Custodial Parent Deceased
- Homeless or At Risk of Homelessness (**\*Student can claim one year of homelessness before completing application\***)
- Other Circumstances

Please check the box below of the third parties **(MUST HAVE TWO (2)** who are submitting documentation and attach **with** form:

- |   |  |
|---|--|
| <input type="radio"/> Teacher/Professor       | <input type="radio"/> Attorney                         |
| <input type="radio"/> Guidance Counselor      | <input type="radio"/> Psychiatrist/Health Professional |
| <input type="radio"/> Social Worker           | <input type="radio"/> Clergy                           |
| <input type="radio"/> Court/Public Agency     | <input type="radio"/> Family Friend                    |
| <input type="radio"/> Law Enforcement Officer | <input type="radio"/> Other                            |

Please describe and explain in detail the EXTENUATING CIRCUMSTANCES that would merit the change to “Independent” status, including how you have been supporting yourself without parental support.

Documentation that will substantiate your claim must be provided with this form.

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**CERTIFICATION:** I certify the submitted information is true and correct 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.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Statement by Professional Third Party:

Third Party Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_

Please explain the student's relationship with his/her biological parent(s). If more space is needed, please attach additional document to application.

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I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Signature \_\_\_\_\_

Date \_\_\_\_\_