

**2016-2017**  
**Dependency Override Request**

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Email address: \_\_\_\_\_

**INSTRUCTIONS: PLEASE COMPLETE ALL THREE (3) SECTIONS OF THIS FORM  
AND SUBMIT ALONG WITH THE NECESSARY DOCUMENTATION.**

**SECTION 1: Reason for Dependency Override Request**

Check which situation applies to you:

- A. Unusual Circumstances exist within your family that prevent you from obtaining your parent's financial information, such as:
- Incarceration of the custodial parent
  - Abandonment by both parents
  - Unable to locate parents
  - History of parental alcohol or drug abuse
  - Abusive home situation which is detrimental to your physical or mental well-being
  - Students who are refugees from war-torn or turbulent countries

NOTE: Parental ***refusal*** to provide information on the FAFSA does not warrant a Dependency Override – please contact your school FAO and complete the Parental Certification of Non-Support Documentation Worksheet.

*(In addition to the Required Attachments listed below, if you select option "A" you must also provide copies of any court documentation relevant to your situation)*

- B. Death of a parent after filing the FAFSA and severe circumstances exist with the surviving parent.

*(In addition to the Required Attachments listed below, if you select option "B" you must also provide a copy of the death certificate or newspaper obituary.)*

- C. You, the student, are divorced and during the time you were married, maintained a separate residence from your parents and your former spouse's parents. Also, you now maintain a separate residence from your parents and pay all expenses from your own income and assets.

*(In addition to the Required Attachments listed below, if you select option "C" you must also provide a copy of your mortgage or lease agreement for the period in which you were married.)*

**SECTION 2: Required Documentation**

1. Any verification information required by ED or the VFAO. Please check your "Student Financial Aid Status" report on the VFAO site, or on the email that you received from the VFAO to determine what documents this includes.
2. Personal signed and dated statement of explanation concerning your unusual circumstances and how you came to support yourself. Include the amount of time that you have supported yourself.

You must describe the events which led to your current separation from your family. Provide any additional information that you believe will help explain your situation.

3. Attach a signed/dated letter (on letterhead that includes the contact information) from at least one third party that knows and can verify the circumstances described in your personal explanation.

This third party can be (but is not limited to include) guidance counselors, clergy members, teachers or professors, doctors, family counselors, mental health professionals, or law enforcement personnel.

4. Attach a signed/dated letter from a friend or relative who can verify the family circumstances described in your personal explanation. Include address and phone number for the relative.

**\*\*\* HAVE YOU COMPLETED ALL OF THE DOCUMENTATION REQUIREMENTS FOR YOUR SITUATION? \*\*\***

### **SECTION 3:**

#### **CERTIFICATION AND SIGNATURE:**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official of the VFAO, I agree to provide proof of the information that I have given on this form. I also realize that if I do not provide proof within 30 days (if asked), my application will not be processed.

The person signing below certifies that all of the information reported is complete and correct

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
**Student Signature (Required)**

\_\_\_\_\_  
**Date**

**NOTE: Additional documentation may be requested before a determination can be made.**