



2024-2025 Dependency Override Appeal

Federal Financial aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined using parent's income and asset information in addition to your information.

This appeal is used to request dependency override for federal financial aid. It is used after you have filed your FAFSA and included that you have special circumstances which prevent you from providing parental information.

The Federal Student Aid Program determines a student's status as dependent or independent by the answers the student provides on the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent based on the principle that students (and their parents or spouse) are the primary source of support for postsecondary education. The Dependency Override process is used to address on a case-by-case basis a student who claims to be independent but does not meet the federal criteria. The Financial Aid Administrator must show compelling reasons for a student to be considered independent rather than dependent.

The below lists provide information and explains the procedure used to determine a student's eligibility for a "Dependency Override." A Financial Aid Administrator will review the student's appeal by examining the supporting documentation provided by the student and will either approve or deny the student's request and notify the student in writing. The decision, made by the Financial Aid Administrator, is final and cannot be appealed to the U.S. Department of Education.

The following are some examples of conditions that could NOT be considered a unique and extenuating circumstance:

1. Self-sufficiency of the student.
2. Parents' unwillingness to complete the parent section of the FAFSA.
3. Parent refusing to contribute to the student's education.
4. Not residing at the parent's residence.
5. Not being claimed as dependent on your parent's tax return.

Circumstances given consideration where parental support has been terminated:

1. Documented abandonment.
2. Parental drug abuse.
3. Parental mental incapacity.
4. Physical or emotional abuse.
5. Severe estrangement from parents.
6. Parental incarceration.

Dependency Override Appeal Process:

1. Complete your 2024-2025 FAFSA and have it sent to LLTC (school code: 030964)
2. Complete the student dependency override request form.
3. Complete the student information and student clarification section.
4. Have at least two individuals complete the “Dependency Override Documentation” section of the appeal. These individuals must be adults who have direct knowledge of the situation, who are not relatives. Example of professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.

If a family member who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member.

The Dependency Override documentation must be in an original form, completed, and signed by each individual.

We understand the sensitive nature of these circumstances; therefore, all documentation received by our office will be kept confidential.



2024-2025 Student Dependency Override Request Form

Student Name

Email

Student ID

Telephone

Date of Birth

Explanation of Unusual Circumstances

Please provide an explanation regarding your unusual circumstances. All information will be kept confidential. If more space is needed, please attach an additional page.

Student Signature

Date

Student Information

1. Did anyone claim you on their federal tax return for 2022? ___ Yes ___ No 2023? ___ Yes ___ No
If yes for 2022, provide Name: _____ Relationship to you: _____
If yes for 2023, provide Name: _____ Relationship to you: _____

2. What are your current living arrangements (who do you live with)? _____

3. Current Expenses:

Type of Expenses	Monthly Amount	How Is It Paid
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical/Insurance	\$	
Personal/Miscellaneous	\$	

4. When was the last time you lived with your parent(s)? Month/Year _____

5. When did your parent(s) last provide any form of support? Month/Year _____

Student Clarification

I certify that all of the information provided on this form and all attached documentation is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information in order to receive my Federal Title IV funds is a federal offense and can be punishable by fines and/or penalties. I understand that if my situation changes in any way, if I reside with my parents or receive any support from them, that I must report this information to the Office of Financial Aid.

Student's Signature

Date

For Office of Financial Aid Use Only:

Outcome: ___ Eligible for Dependency Override
 ___ Not eligible for Dependency Override

Comments: _____

Financial Aid Signature

Date



Dependency Override Documentation

Student Name

Student ID

This section is to be completed by a professional who has worked with the student's family. Examples of professionals include a high school counselor, teacher, social worker, clergy, physician, lawyer, or family therapist.

The above-named student has applied for financial aid at Terra State Community College and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

Last Date the student:

Received financial support from parent(s) _____ Lived with parent(s) _____

How long have you known the student? _____

What is your relationship with the student? _____

Your name (please print): _____ Phone: _____

Your address: _____ City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____



Dependency Override Documentation

Student Name

Student ID

This section is to be completed by an individual who is an adult and has direct knowledge of the student's situation, who is not a relative. This person must not live at the same address as the student.

The above-named student has applied for financial aid at Terra State Community College and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

Last Date the student:

Received financial support from parent(s) _____ Lived with parent(s) _____

How long have you known the student? _____

What is your relationship with the student? _____

Your name (please print): _____ Phone: _____

Your address: _____ City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____