



DEPENDENCY OVERRIDE REQUEST 2020 2021

(Fall 2020 – Spring 2021)

STUDENT INFORMATION

Student's Last Name	First Name	MI	MSU ID#
(Mailing Address) Number and Street	Apt.#	City	State
Morgan State University E-mail		Telephone Number (include Area Code)	

REQUEST Guidelines: Financial aid eligibility is based on the family as the first source of a student's support. **Make sure you are eligible. According to federal regulations, the following conditions DO NOT QUALIFY as reasons for a Dependency Status Appeal:**

- Students living on their own
- Parents refusing to contribute to your education
- Parents not claiming you as a dependent on income tax
- Parents unwilling to provide FAFSA or verification information

The FAFSA determines **Dependency Student Status**. If you are considered **dependent**, you **must** provide parent financial information.

QUALIFYING CIRCUMSTANCES for Dependency Override

Federal regulations provide for an appeal process, by which the Financial Aid Office may decide that a student is independent for financial aid purposes. This is called a Dependency Override, and is decided on a case-by-case and year-by-year basis. Only adverse family situations will be considered for a dependency override. Adverse family situations may include: physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity, incarceration, or other circumstances beyond your control. **Documentation is required.**

DEPENDENCY OVERRIDE REQUEST INSTRUCTIONS

To be considered for a **Dependency Override**, you must: submit all required documents (see below) to the Financial Aid Office. **Incomplete Dependency override request will not be reviewed.** A determination cannot be made if information is missing or incomplete.

Please **initial** next to each of the required 3 Steps to Complete Dependency Override Request Form:

1	Signed Personal Statement. Attach a <u>signed</u> statement that <u>fully describes</u> the adverse situation that makes you independent. <u>Sample situations/questions you may include:</u> Why you are not in your parents' home? At what age? Was Child Protective Services involved? Was there an abusive situation at home, drug or alcohol abuse? Were your parents emotionally stable? Was the family stable? Other circumstances?
2	Required 2 Letters of support. Attach at least two (2) <u>signed and dated</u> statements from <u>outside sources</u> who have knowledge of your adverse family situation. The letters should clearly <u>describe the adverse situation</u> you believe qualifies you for a dependency override. .PREFERRED: Court and law enforcement documents or statements on letterhead from sources such as counselor, teacher, clergy member, social worker, probation officer, psychologist, etc. May be used if professional letter not available: <u>signed and dated</u> statement from <u>adult</u> family friend.
3	Submit the V1 Verification Worksheet . If you were employed and filed a federal tax return, use IRS Data Retrieval when you submit <u>your</u> 2020-2021 FAFSA, or submit a 2018 Official IRS Tax Return Transcript . If you worked but will not file a tax return for 2018, complete a Student Non-Tax Filer Statement form and provide W2's. If you did not work explain how you supported yourself by submitting Income Verification letter.

AFTER YOU SUBMIT YOUR DEPENDENCY OVERRIDE form The Financial Aid Office will review the circumstances you presented and determine if parental information is required or if your situation allows us to proceed without you providing parental data. This **decision is final** and cannot be appealed to Federal Student Aid.

If your **Dependency override is approved**, the Financial Aid Office will submit a correction to the FAFSA Central Processing System with a Dependency Override and your financial aid will be processed based on independent status.

If your **Dependency override is not approved**, you **MUST** provide parent financial information and signatures using FAFSA online. Return to www.fafsa.gov and provide all necessary information.

- **PLEASE ALLOW 10 to 15 business days for processing.**

STUDENT SIGNATURE REQUIRED

I hereby certify that all submitted information and all attachments are true and correct to the best of my knowledge. I understand that false statements will be cause for denial, reduction, and/or repayment of financial aid.

Student Signature _____ Date _____