2020-2021 Dependency Override Appeal

The US Department of Education does allow financial aid administrators to use professional judgment in cases where extenuating circumstances prevent a student from being able to provide parental information on the FAFSA, commonly referred to as a dependency override or appeal.

The following are situations, in and of themselves, would not be considered a special circumstance for dependency status appeal:

1. Your parents do not claim you as a dependent on their income taxes.
2. You do not live with your parents and/or you and your parents are having a disagreement.
3. Your parents refuse to provide their information on your FAFSA.
4. Your parents do not contribute to your college expenses and/or you are self-supporting.

If all four above apply to you, you do not qualify for dependency appeal/override consideration and must update your 2020-2021 FAFSA at www.fafsa.gov with parental information and the signature of at least one parent.

In very limited cases, an otherwise dependent student may be able to submit the FAFSA without parental information due to special circumstances, including:

- Your parents are incarcerated; or
- You have left home due to an abusive family environment; or
- You do not know where your parents are, are unable to contact them, and you have not been adopted.

Instructions: Return the completed form with the required documentation to the Financial Aid Office. Decisions made at other institutions are not accepted. All documentation received by our office will be kept confidential. All decisions made by the UW-Whitewater Financial Aid Office are FINAL and not appealable.

Student Name: __________________________________________________________________________
Last             First       MI

Student ID#: __________________________

Home Address: __________________________________________________________________________
Street                              City                State        ZIP Code

Phone: __________________________

Dependency Override Appeal Process:

☐ 1. Personal Statement: On a separate sheet of paper, tell us in your own words why you are requesting a dependency override by outlining the mitigating circumstances and why you should be considered independent, including your current living situation and how you are supporting yourself.

   Be sure to describe the following: (1) The nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; and (3) why you cannot obtain information and/or support from your parents. Sign and date your statement. You will need to submit a personal statement with an update of your situation every year.
2. Third-Party Statements: Provide at least two letters from third-party adult individuals who personally have knowledge of your situation and who can verify your circumstances. At least one letter (on letterhead) must be from an individual who has been involved in the circumstances in a professional capacity (high school guidance counselor, clergy, social worker/caseworker, counselor/therapist, doctor, attorney, teacher/professor, university administrator, supervisor/employer).

All letters must include details such as:
- The length of time and nature of the writer’s relationship to you and his/her knowledge of your situation
- The reason why you cannot provide your parents’ information on the FAFSA/why you should be independent
- The writer’s name, address, telephone number, and signature

3. Copy of 2018 signed Federal Tax Return and 2018 W-2 Forms. If you did not file and are not required to file, list below your employer(s) and any income received in 2018 (attach your W-2 or 1099 forms).

List each 2018 employer/source of income: 2018 Amount received:

_________________________________________  ________________
_________________________________________  ________________

4. Expenses: Place an X in the appropriate boxes.

☐ Did anyone claim you as an exemption on their 2018 federal tax return?
   ☐ Yes ☐ No ☐ Don’t Know
   If yes: Person’s Name: ____________________________
   Relationship to the Student: ____________________________

☐ Did anyone provide your health insurance within the last year?
   ☐ Yes ☐ No ☐ Don’t Know
   If yes: Person’s Name: ____________________________
   Relationship to the Student: ____________________________

☐ Did anyone provide your auto insurance within the last year?
   ☐ Yes ☐ No ☐ Don’t Know
   If yes: Person’s Name: ____________________________
   Relationship to the Student: ____________________________
Upon receipt of your documentation, it may be necessary to request additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed.

**Signature/Certification**
I certify that all information reported to qualify for financial aid is complete and correct. I understand if I reestablish contact with my parents, including but not limited to living with them or accepting their support, I must notify the Student Financial Aid Office immediately.

Signature of Applicant ___________________________ Date __________

Submit form to: UW-Whitewater Financial Aid Office
Hyer Hall 130
800 West Main Street,
Whitewater, WI 53190 or fax to (262) 472-5655

For Office Use Only
This form is being provided due to: __________________________________________________________

☐ Approved

☐ Denied

Authorized By: ___________________________ Date: ___________________________

Processed By: ___________________________ Date: ___________________________