

**UNIVERSITY OF ALASKA FAIRBANKS  
FINANCIAL AID OFFICE  
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FAIRBANKS, AK 99775-6360  
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[financialaid@uaf.edu](mailto:financialaid@uaf.edu)**

**DEPENDENCY OVERRIDE REQUEST FORM**

Name: \_\_\_\_\_

UA Student ID (eight-digit): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**YOU ARE CONSIDERED AN INDEPENDENT STUDENT FOR FINANCIAL AID PURPOSES IF YOU MEET ONE OF THE FOLLOWING CONDITIONS at the time you complete and sign the 2006-2007 Free Application for Federal Student Aid (FAFSA):**

- You will be 24 years old by December 31, 2005 (born **before** January 1, 1983)
- Both of your parents are deceased, or you are (or were until age 18) a ward/dependent of the court
- You are a veteran of the U.S. Armed Forces
- At the beginning of the 2006–2007 school year, you will be working on a master’s or doctorate degree program
- You are married or separated but not divorced
- You have legal dependents, other than a spouse or your own children, for whom you will provide more than half support until June 30, 2007
- You have children who receive more than half of their support from you.

**NOTE:** If you meet **one** of the above conditions you do not need to complete this form

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**REASONS FOR APPEAL** - Many students feel they are independent because they currently live on their own or because their parents no longer claim them on their income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The UAF Financial Aid Office is required to consider parent information and expect a parental contribution for students who are not independent according to the FAFSA definition **unless exceptions are made. Exceptions are made only when adequate documentation of extenuating family circumstances exists.** Extenuating circumstances are generally defined by students' inability to have contact with their parents. Review the reasons for appeal below and check the one that best describes your circumstance

\_\_\_ 1. Circumstances within your family prevent you from obtaining your parents' financial information.  
Examples:

- a) An abusive home situation which is detrimental to your physical or mental well-being
- b) Abandonment by both parents
- c) History of parental alcohol or drug abuse
- d) Incarceration of the custodial parent

**Provide two or more of the following:**

Signed statements from two adult professionals who are not family members that verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department), and officers of the court. Letters must be signed originals on agency letterhead with the professional title (Counselor, Rabbi, etc.).

\_\_\_ 2. Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in #1.

**Provide two or more of the above sources listed under #1 and a photocopy of your parent's death certificate or newspaper obituary.**

If your last name is different from your parent's, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstances that prove your relationship.

\_\_\_ 3. You are a non-citizen of the United States of America (who is otherwise eligible to receive Federal financial aid) and your parents currently reside in a foreign country. However, you are unable to communicate with your parents because of a long-standing political policy or civil unrest in your parents' country of residence.

**If you checked reason #3, provide the following:**

Signed statements from the embassy or consulate of the country in which your parents live which clearly states that the policies of that country or of the United States of America prevent mail and funds to be readily transferred between residents of the United States and their country. If an official government statement is not readily available, a similar statement from a refugee organization on their letterhead is acceptable. In addition, a notarized statement from your sponsors (if applicable) or a family member verifying the level and type of support you receive from family, friends, or sponsors.

\_\_\_ 4. You are divorced after being married and maintained a residence apart from your parents during the time you were married. You now maintain a separate residence from your parents and pay all expenses from your own income and assets.

**If you checked reason #4, provide all of the following:**

Complete copies of your marriage license(s), divorce decree(s), federal tax returns (1040, 1040A, 1040EZ, or 1040TEL) and W-2 forms for the period in which you were married, and mortgage or rental agreements for the period in which you were married. A signed and notarized statement from both of your parents verifying amounts of financial support of any kind (other than reasonable gifts for birthdays and holidays) or the absence of such support after you married.

\_\_\_ 5. You have extenuating circumstances, not described above, which prevent you from having contact with your parents to obtain parental information for FAFSA filing.

**If you checked reason #5, provide three or more sources as described in the section above titled, "If you checked reason #1...", which verify that your extenuating circumstances prevent you from having contact with your parents.**

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**C. MONTHLY EXPENSE AND INCOME WORKSHEET** - Complete both worksheets.

1) **CURRENT EXPENSES** - Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of **monthly** amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.

<b>Expense</b>	<b>Monthly Cost</b>	<b>Who Pays or Provides It</b>
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	

2) **CURRENT INCOME** - Describe your average **monthly** income and identify the source(s) by name

<b>Type of Income</b>	<b>Monthly Income</b>	<b>Source(s)</b>
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

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**D. ADDITIONAL INFORMATION - Answer all questions below.**

- 1) In what year were you last claimed by your parent(s) as a dependent on their Federal Tax Return?  
Year \_\_\_\_\_
- 2) When did you last live with your parent(s)? Month \_\_\_\_\_ Year \_\_\_\_\_
- 3) When did you last receive financial support from your parent(s)?  
Month \_\_\_\_\_ Year \_\_\_\_\_
- 4) Are you included as a dependent under your parents' medical plan? Yes/No \_\_\_\_\_
- 5) Do you own or have the use of an automobile while attending UAF? Yes/No \_\_\_\_\_  
If yes, give the name and address of the registered owner.  
\_\_\_\_\_

If you are the registered owner, provide the following information.

Year, Make, and Model \_\_\_\_\_  
Purchase Date \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_  
Monthly Car Payment \$ \_\_\_\_\_

If anyone else is making your car payments, provide his/her name and relationship.

- 6) Did or will you file a 2005 Federal Tax Return (1040, 1040A, 1040EZ, or 1040TEL)?  
Yes/No \_\_\_\_\_ If yes, attach a complete signed photocopy.

**E. STUDENT CERTIFICATION - Read carefully before you sign.**

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal and State student aid jeopardized. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**Complete Steps 1, 2, 3 5, 6, and 7 of the 2006-2007 FAFSA, attach the completed FAFSA and the other required documentation described above and return it to this office.**

**For Office Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_