



Financial Aid Office
 PO Box 756360
 Fairbanks, AK 99775
 phone (907) 474-7256 fax (907) 474-7065
 fyfinaid@uaf.edu

FA PJDPOV

DEPENDENCY OVERRIDE REQUEST

Use this form to request a re-evaluation of your financial aid dependency status.

Name: _____ (please print clearly) UA ID#: _____

Phone Number: _____ Email: _____

INSTRUCTIONS:

You are considered an independent student for financial aid purposes if you meet any ONE of the following criteria at the time you first completed and signed your 2009-2010 FAFSA:

- You were born before January 1, 1986.
- Both of your biological or adoptive parents are deceased.
- You are married.
- You are a veteran or active duty in the U.S. Armed Forces.
- You are admitted to a master’s or doctorate program for the 2009-2010 academic year.
- You have a child or children for whom you provide more than 50% support.
- You have legal dependents other than children who live with you and for whom you provide more than 50% support.
- You were a ward of the court or in foster care at any time from age 13 or older. (Incarceration in a youth detention center or group home does not meet this requirement.)
- You are or were an emancipated minor.
- You were determined to be a homeless or unaccompanied youth on or after July 1, 2008 by a school district homeless liaison, a director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or a director of a runaway or homeless youth basic center or transitional living program.

If you meet any one of the above criteria, you do not need to complete this form. However, the Financial Aid Office may ask you for documentation verifying your status.

If you meet one of the above criteria and you were not determined to be independent on your Student Aid Report (SAR), please check your FAFSA information to make sure it is correct.

Many students feel they should be considered independent because they currently live on their own, they support themselves, their family cannot afford to help with college expenses, their parents do not claim them on income taxes, or their parents are unwilling to complete the FAFSA. However, these alone are not adequate reasons for a dependency override. A dependency override will only be granted if there are **verifiable extenuating circumstances** that prevent a student from having contact with his/her parents.

(continued on next page)

1. DESCRIBE YOUR CIRCUMSTANCES

The following are examples of circumstances that **may** qualify a student for a dependency override. If one of them applies to you, please check the box and attach the requested documentation.

A. You are unable to obtain your parents' financial information because of circumstances such as:

- **An abusive situation which is dangerous to your physical or mental well-being.**
- **Abandonment by both parents before you were 18 years old.**
- **Parental alcohol or drug abuse.**

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places.
2. Signed statements from two adult professionals who are familiar with your situation and can verify your circumstances. This may include teachers, school counselors, school principals, professors, members of the clergy, social workers, medical professionals, employers, or any other adult who you know in a **professional capacity**. Letters must be on agency letterhead, be signed, and include the professional title of the writer. Letters from friends, peers, or family members are not acceptable.
3. Any available documentation that verifies your situation. This might include court documents, official school records, case worker's files, newspaper articles, etc.
4. Pages 5 and 6 of this document.

B. Both of your parents are incarcerated or your custodial parent is incarcerated and the other parent meets the circumstances described in section A.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places.
2. Any available documentation that details the beginning date and length of incarceration. This might include court documents, newspaper articles, or a statement from the incarcerating institution.
3. If one of your parents is incarcerated and the other parent meets the circumstances described in section A, provide all the materials requested in section A as they pertain to that parent.
4. Pages 5 and 6 of this document.

C. Both of your parents or your custodial parent resides in a foreign country and is unable to communicate with you because of a political policy, war, or civil unrest.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places.
2. Statement or advisory from a governmental agency of the U.S. or the country in which your parent(s) reside which confirms that the policies of the U.S., the policies of your parent(s) country of residence, or a current state of war or civil unrest in your parent(s) country of residence restrict communication and/or transfer of funds between the two nations. If no documentation is available from a government agency, a similar statement from a non-governmental agency such as a charitable organization, advocacy group, or refugee assistance group may be acceptable.
3. If one of your parents is in a foreign country and unable to communicate with you and the other parent meets the circumstances described in section A, provide all the materials requested in section A as they pertain to that parent.
4. Pages 5 and 6 of this document.

D. One of your parents is deceased, and the other meets the circumstances described in sections A, B, or C.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places.
2. Documentation verifying the death of your parent. This might include a death certificate, newspaper obituary, or materials from a funeral or memorial service.
3. All the materials requested in section A, B, or C as they pertain to your surviving parent.
4. Pages 5 and 6 of this document

E. You are legally divorced and maintained a residence apart from your parents while married and continue to do so.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places.
2. Copies of your marriage license and divorce or dissolution court documents.
3. Any other available documentation verifying that you are fully self-supporting. This may include tax returns, W-2s, a statement from your employer, a lease or mortgage in your name, etc.
4. Pages 5 and 6 of this document.

If none of the examples provided are similar to your situation and you believe you may still qualify for a dependency override, please provide the following:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places.
2. Signed statements from two adult professionals who are familiar with your situation and can verify your circumstances. This may include teachers, school counselors, school principals, professors, members of the clergy, social workers, medical professionals, employers, or any other adult who you know in a **professional capacity**. Letters must be on agency letterhead, be signed, and include the professional title of the writer. Letters from friends, peers, or family members are not acceptable.
3. Any available documentation that verifies your situation. This might include court documents, official school records, case worker files, newspaper articles, etc.
4. Pages 5 and 6 of this document.

2. MONTHLY EXPENSES WORKSHEET

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 and relationship 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.

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

3. INCOME WORKSHEET

Describe your monthly or yearly income in the second column and name the source in the third column.

Income	Monthly or Yearly Income	Source
Wages/Salary	\$ _____ per _____	
Alaska PFD	\$ _____ per _____	State of Alaska
Financial Aid	\$ _____ per _____	Financial Aid
Native Corporation	\$ _____ per _____	
Public Assistance WIC, TANF, APA, etc.	\$ _____ per _____	State/Federal
Cash Support	\$ _____ per _____	
Other	\$ _____ per _____	

Did you receive an Alaska Permanent Fund dividend in 2008? **YES / NO**

Did you receive financial aid at UAF or another school for the 2008-2009 academic year? **YES / NO**

4. ADDITIONAL INFORMATION

Answer all questions below:

1. When did your parent(s) last claim you as a dependent for income tax purposes?

(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 on your parent(s)' medical insurance coverage? **YES / NO**

5. Do you own or have the use of an automobile while attending UAF? **YES / NO**

If yes, who is the registered owner of the automobile?

(name of owner)

6. Did you file a 2008 federal tax return? (1040, 1040A, or 1040EZ) **YES / NO**

If yes, please attach a signed copy.

5. 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. I authorize the University of Alaska Fairbanks to verify any information provided by me pertaining to my financial aid eligibility and dependency status.

Note: Federal regulations stipulate that suspicion 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 General.

Student Signature

Date