



## 2022-2023 Dependency Override Request

### Student Instructions

Dependency status for financial aid is established by the US Department of Education when you complete your Free Application for Federal Student Aid (FAFSA). Only unusual documented circumstances, which are beyond the control of the student, may result in a dependency override. According to federal regulations, exceptions cannot be granted due to a parent's unwillingness to apply for financial aid, contribute to educational expenses, or because a student is self-supporting.

Examples of unusual circumstances include, but are not limited to, parental abandonment, incarceration, parental mental incapacity, physical or emotional abuse, drug abuse or severe estrangement.

If after reviewing the above information, you feel that the circumstances in your family warrant a dependency override, complete the Dependency Override Request Form. You will also need to submit **ALL** of the following:

1. Submit a formal, written statement explaining your unusual circumstances.
2. Submit letters from third parties who have knowledge of your situation and who can verify your circumstances. Letters from relatives are acceptable but at least one letter **MUST** be on letterhead from a clergyman, guidance counselor, physician or social worker. Include a telephone number and an address on all letters.
3. Submit a signed and completed Verification Worksheet.
4. Submit your Federal Tax Return Transcript for the most recent tax year OR if you did not file a federal tax return, please explain in your written statement how you are financially supported.
5. Other documentation to support your unusual circumstance.

Failure to furnish all required documents will result in a processing delay and may result in denial. Additional documentation may also be requested from you or the third party by the Office of Student Financial Aid. You will be notified in writing of the decision within 3-4 weeks of its submission.

All information and documentation provided is considered confidential and protected under the Family Educational Rights and Privacy Act (FERPA) part of the Privacy Act of 1974. The Office of Student Financial Aid for West Virginia State University, in compliance with Title VI of the Civil Rights Act of 1964, and Title IV of the Higher Education Act of 1965, P.L. 89-329, as amended, does not discriminate on the basis of race, color, national origin, disability, age, or sex in any of its policies, practices or procedures.

Please read this entire form before completing it. You must file your Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov) before submitting this request. The Office of Student Financial Aid reserves the right to request additional information, so you must continue to monitor your MyState account after submission.

**PART 1: STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PART 2: HOUSING INFORMATION**

1. Where do/will you reside when classes are in session?  
 Rented property—attach a copy of your lease or a statement from the landlord and at least one canceled check or receipt (if available)  
 With a relative other than parent—attach a statement from the relative(s) indicating what financial arrangements are in effect  
 Other—specify: \_\_\_\_\_
2. Where do/will you reside during periods when classes are not in session? \_\_\_\_\_
3. Do you share some/all of your housing expenses with others?  Yes  No  
If yes, specify the name of each person, relationship to you, and how much each contributes
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

**PART 3: INCOME INFORMATION**

1. Did you file a 2020 Federal Tax Return?  
 Yes—attach a 2020 Federal Tax Return Transcript from the IRS  
 No—How you were financially supported in 2020? \_\_\_\_\_  
Who claimed you as an exemption for 2020 tax purposes? \_\_\_\_\_
2. Are you currently employed?  Yes  No
3. Do you receive SNAP benefits?  Yes, provide monthly amount: \$ \_\_\_\_\_  No
4. Do you receive any additional sources of income?  Yes  No  
If yes, specify the sources and monthly amounts you receive
  1. Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_
  2. Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_
  3. Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**Certification and Signatures**

Signing this worksheet certifies that all of the information reported on it is complete and correct.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_