



**Academic Year 2019-2020**  
**INSTRUCTIONS FOR REQUESTING A CHANGE IN DEPENDENT STATUS**

Most unmarried undergraduate students under the age of 24 are considered **dependent** for federal student aid purposes. If however, after answering the questions in the Student Status section on the Free Application for Federal Student Aid (FAFSA), you are classified as a dependent student but disagrees with that determination, you may request a **dependency override**.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE REQUESTING THE DEPENDENCY OVERRIDE:

1. The majority of dependency overrides are NOT granted.
2. The unwillingness of the family to pay for or provide information is NOT a valid reason for requesting a dependency override. The Office of Student Financial Assistance can test only the ability to pay – not willingness.
3. In ALL cases, independence must have occurred out of necessity rather than choice.
  - a. Examples of such situations are abandonment, parental drug abuse, parental mental incapacity, physical or emotional abuse, parental incarceration, or severe estrangement.
4. A successful change in dependent status depends on the information you are able to provide. The more information and documentation you furnish, the greater the chance of having a dependency override approved.

If after reviewing the above information you feel that your circumstances in your family warrant a dependency override, please complete the Change in Dependent Status Form. You will also need to submit the following:

1. Submit a written request for review of your status (a personal letter stating your case).
2. Submit your 2017 tax return transcript (Log onto [www.irs.gov](http://www.irs.gov) or call 1-800-908-9946). You should be able to demonstrate at least \$6500.00 in income and you must have claimed yourself as a dependent **OR** if you did not file tax returns, we must have a credible letter on how you supported yourself.
3. 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, social worker, or professional. Include a telephone number and an address on all letters.
4. Submit the enclosed "Request for Change in Dependent Status" form with your request and a 2019-2020 V-1 Independent Verification Worksheet.
5. Submit a completed signed 2019-2020 FAFSA form if you have not already done so.

Your request for a dependency override will be reviewed and a decision will be mailed and emailed to you. Allow a minimum of **TWO WEEKS** before checking the status of your request. Failure to answer all questions adequately or failure to furnish **all acceptable documentation** will cause your request to be **DENIED**. All information will be held strictly confidential.



Request for Change in Dependent Status

Please read this entire form before completing it. If you cannot answer an item, explain why in the Comments section of the form. You must file a Free Application for Federal Student Aid (FAFSA) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov), before submitting this request. The Office of Student Financial Aid reserves the right to request additional information.

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**In a separate letter, provide a statement indicating the reason(s) you are requesting a change in your dependency status.** Your request must show extraordinary personal circumstances such as abuse, neglect, parental mental incapacity, or other unusual family situations. **Legal documents and statements from individuals who are aware of your circumstances must be attached to this form.** A total of 3 letters are required from individuals other than yourself. At least one statement must be on **letterhead** from a clergyman, guidance counselor, physician, social worker, or professional familiar with your situation.

**TAX INFORMATION**

- Provide your 2017 tax return transcripts
  - Tax Return Transcripts may be requested at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946
  - Copies of actual tax returns cannot be accepted in lieu of the tax return transcripts
- If someone claims you as a dependent for tax purposes, provide copies of their 2017 tax return transcripts
- Please complete and submit a 2019-2020 V-1 Independent Verification Worksheet

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MONTHLY HOUSING INFORMATION**

The following are paid by:

ME	PARENT	OTHER	Utility	Monthly Amount
			Rent	\$
			Gas/Electric	\$
			Telephone	\$
			Water/Sewer	\$
			Cable	\$
			Other (list)	\$
			Other (list)	\$

1. Do you share some/all housing expenses with others? \_\_\_\_ If so, how many? \_\_\_\_\_
2. Is the property where you live owned by your parent(s) or other relative? \_\_\_ Yes \_\_\_ No
3. If you do not rent or own a home, please explain your living situation:

\_\_\_\_\_

\_\_\_\_\_

4. Where do you live during periods when WV SU is not in session?

\_\_\_\_\_

\_\_\_\_\_

5. If you do not pay any of the expenses mentioned above, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER MONTHLY EXPENSES**

ME	PARENT	OTHER	Utility	Monthly Amount
			Food	\$
			Car/Insurance	\$
			Gas/Repairs	\$
			Charge Accounts	\$
			Medical Bills	\$
			Personal	\$
			Other (list)	\$



**EMPLOYER/INCOME INFORMATION** (Note: Do not include work study).

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

1. Provide a signed statement from your employer giving date of employment, usual number of hours worked weekly, and rate of pay.
2. If you have income other than wages, explain and provide monthly amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you do not work, or have other income, please explain how you support yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If you do not pay any of the above mentioned expenses, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that all information contained on this form is true and correct to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_