



Florida Atlantic University

Office of Student Financial Aid

Request for Dependency Override

Boca Campus

777 Glades Road
 Building SU 80, Room 233
 Boca Raton, FL 33431-0991
 Tel: (561) 297-3530

Davie Campus

2912 College Avenue
 Building #49
 Davie, FL 33314
 Tel: (954) 236-1229

Jupiter Campus

Office of Financial Aid - SR 134
 5353 Parkside Drive
 Jupiter, FL 33458
 Tel: (561) 799-8697

Port St. Lucie Campus

500 NW California Blvd.
 Port St. Lucie, FL 34986
 Tel: (772) 873-3301

Website: www.fau.edu/finaid

Academic Year 2010-2011

Name: _____ FAU Z Number: _____
 Address: _____ SSN: XXX – XXX _____
 City/State/Zip _____ Day Phone _____

APPEAL CIRCUMSTANCES

Per Federal Regulations, The Office of Student Financial Aid is required to consider parent information and calculate a parental contribution for students who do not qualify for independent status according to the guidelines set in the Free Application for Federal Student Aid (FAFSA) unless it is determined by the school that an exception is warranted. **Exceptions can be made only when substantial documentation of parental alienation exists.**

PLEASE NOTE: Per Federal Regulations, the parents' unwillingness to assist the student isn't, in and of itself, grounds for a dependency override. Nor can a school perform a dependency override solely because the parents are unwilling to provide information on the application or information needed for verification. Please review the qualifying reasons for appeal and check the one which best describes your circumstances. **If none of the circumstances below apply to your situation, you do not qualify for dependency override and should not complete this form.**

- An abusive (physical, psychological, or sexual) home situation which is detrimental to your physical or mental well being.
- Abandonment by both parents.
- Incarceration of the custodial parent.
- Death of parent after filing the FAFSA and surviving parent meets one of the conditions above (requires death certificate be provided in addition to documentation that relationship with surviving parent meets one of the above conditions).
- A change in your housing status that has resulted in you becoming homeless since initial filing of FAFSA for 2010/2011.
- You are older than 21 but not yet 24 and answered "yes" to one of the following questions on your FAFSA:
 - **At any time on or after July 1, 2009, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? (Q 56)**
 - **At any time on or after July 1, 2009, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? (Q57)**

- At any time on or after July 1, 2009, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? (Q 58)

DOCUMENTATION

1. Attach a notarized personal statement of circumstance which explains the basis of your request completely and explicitly. This statement will be used for the sole purpose of determining if a dependency override is warranted and will remain confidential.
2. Additional documentation is required and must verify the family circumstances described in your personal statement.

Acceptable sources of documentation include: notarized statements from clergy, high school guidance counselor, medical doctor, mental health professional, teacher or professor, attorney, law enforcement officer, social worker, and officers of the court stating they confirm the circumstances described in your personal statement and for how long they have been aware of such circumstances. Signed statements from family and or friends may be submitted as supporting documentation to the notarized statements required above but **alone** will not be considered as adequate documentation of circumstances.

3. A. If you are 21 years old or younger and homeless then your status must be verified as either homeless or at risk of homelessness by at least one of the following:
 - A local educational agency homeless liaison, designated pursuant to 722(g)(1)(ii) of the McKinney-Vento Homeless Assistance Act.
 - The director or designee of the director of a program funded by the Runaway and Homeless Youth Act.
 - The director of a program funded under subtitle B or title IV of the McKinney-Vento Homeless Assistance Act.

B. If you are older than 21 but not yet 24 years old and homeless then your status must be verified as either homeless or at risk of being homeless by a third party that knows your situation (such as a teacher or member of the clergy). Acceptable documentation must be signed, dated, and notarized.

Note: If your last name is different from your parent’s, please provide legal documentation (birth certificate, adoption certificate, marriage license, divorce decree, or other) to confirm your parent/dependent relationship.

MONTHLY EXPENSE AND INCOME WORKSHEET

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 estimated monthly amounts in the second column for each expense. In the third column, give the name(s) and relationship(s) of the individual(s) who pay that expense or provide that item for you. If you pay the cost, enter “Self” in the third column. Provide any available documentation to explain how these estimates were determined.

Expense Item	Monthly Expense Estimate	Who Pays or Provides Expense
Housing		
Utilities		

Food		
Clothing		
Transportation		
Medical		
Personal		

2. **CURRENT INCOME:** State your average monthly income from each of the income sources listed below. For each source, please identify the name of the source in the area provided (examples: self-employed, Burger King, trust fund, social security benefits, Dr. Joe Smith). Provide any available documentation to explain how these estimates were determined.

Income Item	Monthly Income Estimate	Source(s) of Income
Wages		
Interest / Dividends		
Untaxed Income		
Cash Support		
Other		

STUDENT CERTIFICATION
(Read Carefully Before You Sign)

I hereby certify that all information contained in this request for dependency override is true and complete. 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 any false statements or documentation or coerced others to provide false statements or documentation on my behalf that my request will be denied and my eligibility to receive any future financial aid will be jeopardized.

Student Signature

Date

IF YOU HAVE NOT YET COMPLETED AND FILED YOUR FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), PLEASE COMPLETE THE FAFSA AND ATTACH THE COMPLETED APPLICATION TO THIS APPEAL.