



Financial Aid Dependency Override Request 2022-2023

Name _____ Crowder ID # _____
Address _____
Email Address _____
Phone number _____ Cell Number _____

Federal Financial Aid regulations indicate that an individual who does not automatically qualify as an independent student for FAFSA purposes may be reclassified as independent if a financial aid administrator makes a documented determination of independence by reason of unusual circumstances. This determination is commonly referred to as a Dependency Override.

The U.S. Department of Education (DOE) has provided guidance to assist financial aid administrators in making consistent and reasonable Dependency Override decisions.

In accordance with DOE guidance, Crowder College adheres to the policy that a dependency override **cannot** be approved for an otherwise dependent FAFSA applicant if one or more of the following conditions are the **ONLY** circumstances cited by the applicant:

- The student simply states the he/she is financially self-sufficient or does not live with parent(s);
- A parent is not willingly to contribute financially toward the student's educational and living expenses, or simply elects not to assist the student financially;
- A parent is not willing to provide the data required on the FAFSA or to assist in completing the verification process; or
- The student is not claimed by a parent as a federal income tax exemption.

A Dependency Override generally may be considered for an otherwise dependent FAFSA applicant if one or more of the following conditions are cited by the applicant in his/her written appeal and supported by additional documentation:

- An abusive (emotionally or physically), unhealthy, or unsafe family environment;
- Abandonment of the student by the parent(s);
- Incarceration of the custodial parent(s);
- Removal or relocation of the student from the parent(s)' residence by court order; and /or
- Other unusual or extraordinary circumstances, events, or incidents, particularly those related to any of the conditions for independency.

Dependency Override determinations are always made by the Financial Aid Office on an individual, case-by-case basis and are not approved solely on the basis of a prior determination. This determination is only for the current academic year and a new request must be submitted each year with updated documentation.

2022-2023

DEPENDENCY OVERRIDE APPEAL REQUEST

Name _____ Crowder ID # _____

Your Dependency Override appeal should provide convincing justification that you are truly independent based on at least one of the conditions listed on page 1.

The appeal should include a signed explanation of the following:

- Your current circumstances and reason for the appeal;
- Your current living arrangements, particularly how often (summers, weekends, etc.) you reside with your parent(s);
- Your personal relationship with your parent(s)...how often do you visit them, contact them, etc.
- What kind and amount of financial support, if any, do your parent(s) provide to you (money, food and housing, payment of bills, purchase of a vehicle, insurance payments, medical insurance, etc.); and
- What kind and amount of financial support do you receive from other family members or friends.

In addition, you should provide:

- Letters of support from at least three adults (only one of which may be a family member or relative and one should be a professional individual) who are familiar with your situation and can confirm your circumstance and the validity of the appeal. Letters **must include individuals relationship to the student** and an example of a professional individual include, but are not limited to, a high school guidance counselor, religious leader, Family Services officer, guardian, court representative, social worker, etc.
- Any Relevant documents to support your appeal.

By signing this form, you certify that all information submitted is accurate and complete to the best of your knowledge. You also certify that you understand the Financial Aid Office has the authority to verify information reported on this form or in your appeal with outside entities and the U.S. Department of Education and other federal agencies.

Student Signature _____ Date _____

For Office Use Only:	Appeal Approved <input type="checkbox"/>	Appeal Denied <input type="checkbox"/>
Basis for Decision: _____		
Financial Aid Director/Coordinator Signature _____	Date _____	