2016-2017 REQUEST FOR A DEPENDENCY OVERRIDE

The Department of Education determines a student’s status as dependent or independent by the answers the student provides on the seven questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parent or spouse, if applicable) are considered the primary source of support for postsecondary education.

Self-sufficiency of the student or parental unwillingness to financially contribute to a student’s education are not sufficient reasons for determining a student’s status as independent. There are however, situations where a student may have unusual circumstances in which s/he should be considered independent. A justifiable reason to excuse the parents from their financial responsibility must exist.

The following information covers the procedure that is applied to determine a student’s eligibility for a “Dependency Override”. A Financial Aid Administrator will review the student’s appeal by examining the supporting documentation provided by the student, and based on their professional judgment, will either approve or deny the student’s request. The student will be notified in writing of the decision.

PLEASE NOTE: THE FINANCIAL AID ADMINISTRATOR’S DECISION IS FINAL AND CANNOT BE APPEALED TO THE U.S. DEPARTMENT OF EDUCATION.

SECTION I: CIRCUMSTANCES GIVEN CONSIDERATION
A. A student’s voluntary or involuntary removal from their parents’ home due to an extreme situation that threatened the student’s health and/or safety and due to these conditions, parent support was terminated.
B. Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
C. Other extenuating circumstances that can be sufficiently documented.

SECTION II: REVIEW PROCEDURES
A. All submitted documentation will be reviewed by the Financial Aid Administrator to determine if the student will be granted a dependency override.
B. An official notification of the Administrator’s decision will be sent to the student along with an explanation of any further actions necessary to complete his/her application for aid.
C. If the student has already completed a FAFSA for the year under review, the Financial Aid Administrator will make any necessary corrections electronically to the original FAFSA form.
D. If the student has not yet filed a FAFSA for the year under review, the completed paper FAFSA should be submitted to the Office of Financial Aid Services at the campus the student will attend so that the dependency override can be completed.
E. All documentation will be maintained in the student file.

SECTION III: RENEWAL OF A DEPENDENCY OVERRIDE FOR FUTURE YEARS
A dependency override is granted on a yearly basis. Therefore, a student who was granted a Dependency Override in the previous academic year must reapply each concurrent year. The Financial Aid Administrator will request documentation from the student regarding their current status. If the student is re-approved for the Dependency Override, the Financial Aid Administrator will need to make necessary changes as listed in Section II, C and D.
NOTE: To be considered for a “Dependency Override”, you must complete this form and provide the documentation listed in item #3 to the Office of Financial Aid Services.

STUDENT INFORMATION AND CERTIFICATION  (Please print clearly. Do not leave any item blank.)

Name: __________________________ SS#: ______ / ______ / ______

1. Did anyone claim you on their 2015 Federal Income Tax Return?
    □ No
    □ Yes — Person’s Name: __________________________ Relationship to you: ________________

2. Did anyone claim you on their 2014 Federal Income Tax Return?
    □ No
    □ Yes — Person’s Name: __________________________ Relationship to you: ________________

3. Have you previously been approved for a Dependency Override at American Jewish University? (check one)
    □ No — You must provide the documents required under letters A, B, C, D, E and F.
    □ Yes — You must provide the documents required under letters A, C, D, E and F.
    A. A personal letter of appeal explaining the reason for your request for a dependency override. The letter should be one to two pages and provide as much detail as possible describing your separation from your parents. You are required to include the following information:
       ✓ The whereabouts of your biological father and biological mother including their current living arrangements. Include the last contact you had with each biological parent and the frequency of contact with each biological parent over the past five (5) years.
       ✓ Why you cannot provide parental financial information on the 2016-2017 FAFSA.
       ✓ Your living arrangements over the past five (5) years. With whom have you resided? Who has provided support to you over the past five (5) years?
       ✓ Your name, Social Security number, and signature.
    B. Letters from two individuals who can attest to your situation. Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents.
       ✓ The first letter should be from a professional individual not related to the student — counselor, social worker, clergy, police, etc.
       ✓ The second letter can be from either a professional or nonprofessional individual.
       ✓ Each letter must include the individual’s name, title or position, address and must be signed.
       ✓ The individuals cannot be related to each other AND must reside at separate addresses.
    C. A completed and signed 2016-2017 FAFSA — leave the parent section blank.
    D. A completed and signed 2016-2017 American Jewish University Financial Aid Application.
    F. A completed and signed 2016-2017 Verification Form. — Complete PART A AND PART C.

I CERTIFY THAT THE INFORMATION LISTED ON THE FORM AND ALL SUPPORTING DOCUMENTS CONCERNING MY REQUEST FOR A DEPENDENCY OVERRIDE IS CORRECT AND COMPLETE.

_________________________________________ / ______ / ______
Student Signature                                                                 Date

Submit this form and all supporting documents to the Office of Financial Aid Services at the American Jewish University Campus you will attend for the 2016-2017 academic year.

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Office Use Only
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Comments: