



Dependency Override Appeal 2016 – 2017 Aid Year

Federal student aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to Federal financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your financial information.

Financial Aid Policy at Salisbury University (SU) requires a student seeking a dependency override to complete the SU Dependency Override Appeal. Decisions made at other institutions are not accepted. You should complete this form if you are considered a dependent student for Federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Financial Aid Office. ***We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.***

What makes a student Dependent or Independent?

Your student dependency status is determined by the U.S. Department of Education based on your responses to specific questions on the Free Application for Federal Student Aid (FAFSA). For financial aid purposes, regulations have defined an independent student as one who meets **AT LEAST ONE** of the following conditions:

- Born before January 1, 1993;
- Married as of the date FAFSA is signed;
- Have children who receive **more than half their support** from the student, OR has legal dependents, other than a spouse or children, who live with student and who receive **more than half their support** from the student;
- Enrolled in a Graduate level program of study during the 2016-17 academic year;
- Veteran of U.S. Armed Forces (or will be a veteran as of June 30, 2016), or have attended a service academy and were released under a condition other than dishonorable;
- Currently serving on active duty in U.S. Armed Forces (other than for training purposes);
- Emancipated Minor or in Legal Guardianship as determined by the court in her/his state of legal residence;
- Orphan, Ward of Court, Foster Care (after age 13);
- A self-supporting unaccompanied youth who is homeless or at risk of homelessness (as certified by governmental or school agency).

A student who does not meet **ANY** of the above conditions is classified as a Dependent student.

What is a Dependency Override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the U.S. Department of Education's criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual and exceptional circumstances. These circumstances must show compelling reasons for a student to be considered independent rather than dependent.

What conditions **DO NOT** warrant a Dependent Override?

By Federal Law, the following DO NOT warrant a dependency override:

- Parents refuse to provide information on the FAFSA or for verification of the FAFSA
- Parents do not claim student as a dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency
- Student reluctant to request the income information from parents
- Parents are not living in the United States
- Student does not wish to communicate with parents

Required Documentation:

1. Personal Statement: On a separate sheet of paper, tell us in your own words why you should be considered an independent student. Be complete and specific. Explain the circumstances leading to your independence from your family. If you are receiving financial or in-kind support from friends or relatives you must describe the amount of financial support/in-kind support and how you came to receive it.
2. Provide signed statements from at least **TWO** third-party references who are not family members which verify the severe family circumstances you described in your personal statement. Third-party references include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, and law enforcement officers. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand personal knowledge of your situation. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone number and address where the individual can be reached for follow up questions must be included.
3. A copy of your current IRS Tax Return Transcript and all W-2 forms for the 12-month period you are appealing. If you have not yet filed or will not file, please provide copies of your W-2 forms from all jobs and an estimated adjusted gross income. Tax Return Transcripts can be obtained online from this link: <https://www.irs.gov/Individuals/Get-Transcript>.
4. Copies of your year to date pay stubs from all jobs which you currently hold or have held during the current year. **If you are not working**, please include in your personal statement an explanation of how you are supporting yourself. Please include who is providing support and how much they are providing.
5. A copy of your lease, property title, or other written housing agreement. If you do not have a written housing agreement, you must provide a signed statement, on letterhead, from your landlord naming the property that you live in, the length of time at that address and the amount you pay for rent.
6. Copies of your vehicle registration and your auto insurance policy.
7. Copy of your health insurance policy (**not a copy of your health insurance card**).
8. **EXPENSES:** Please describe what your average monthly expenses are and how they are covered. The types of expenses are listed in the first column. In the second column, fill in the amount that is paid monthly for each expense category. In the third column, give the name of the person who pays the expense or provides the item for you and their **relationship** to you. If you pay the cost, enter "self" in the third column. If your entries require clarification, please attach a separate sheet of paper with that information.

Type of Expense	What it costs per month	Who pays it or provides it
Housing		
Food		
Utilities (average per month) i.e. Electric, Water, Gas, Cable/Internet		
Clothing		
Tuition, fees, books, supplies		
Transportation: What type? (Car, bike, bus, insurance), Gas for vehicle		
Medical: What type? (medicines, office visits, co-pays, insurance)		
Cell Phone		
Miscellaneous		

9. **Income:** You must describe what your average monthly income is and from what sources you receive it.

Type of Income	Amount per month	Source
Work		
Cash from outside sources (Parents, family, friends, etc.)		
Other, what type?		

After filing the dependency override appeal documents:

If your appeal is approved: We will contact you on how to proceed, and will submit the override to the Central Processing System (CPS) with the Department of Education. Your financial aid will then be packaged based on independent status.

PLEASE NOTE: Additional documents may be required after CPS has processed the revision to your dependency status. Be sure to check your To-Do List on GullNet for any additional items.

If your appeal is not approved: We will notify you via email of our decision. In order to receive a financial aid package, you MUST provide parent financial information and signatures on your FAFSA (www.fafsa.gov). **All decisions on dependency overrides are made based on Professional Judgment by the Financial Aid Office at Salisbury University. All decisions on dependency override appeals are FINAL and are not appealable.**

Student Certification

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Student Name Printed _____ Phone # _____

SU ID Number _____

Student Signature _____ Date _____

Return this form and all supporting documentation via one method listed below:

Mailing Address	Email Address (send as an attachment)	Fax Number
Salisbury University 1101 Camden Ave Salisbury, MD 21801 Attn: Financial Aid office	finaid@salisbury.edu	410-543-6138