



**ALLEN UNIVERSITY**  
**OFFICE OF STUDENT FINANCIAL AID**  
**2018-2019**  
**Dependency Override Request**

\_\_\_\_\_  
 Student Social Security Number/ ID

\_\_\_\_\_  
 Student Last Name

\_\_\_\_\_  
 Student First Name

In exceptional or extraordinary cases, the Office of Financial Aid may consider overriding a student's dependency status. This allows a student who is normally considered dependent to apply for financial aid without providing parental information on the financial aid application. **A Parents refusal to assist or provide information for the purposes of financial aid is not considered an extraordinary circumstance and therefore does not warrant approval of a dependency override.**

**Student Current Address:**

**Father (if known)**

**Mother (if known)**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Phone Number

<b>Consideration for a dependency override requires this form ATTACHED to the following documents:</b>	
<b>Student Signed Statement</b>	<ul style="list-style-type: none"> <li>A clear and thorough statement explaining any unusual circumstances that prohibit or hinder student from providing parental income information on the financial aid application (FAFSA).</li> <li>Unusual circumstances include: family violence, situations detrimental to physical or emotional well-being, situations in which parents cannot be contacted through normal means.</li> <li>Statement must provide: background information regarding estranged relationship with parent, when and how often contact occurs, and any attempts made to resolve the situation.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>Documentation of the situation described in statement.</li> <li>Documentation may include: court document, police reports, or signed letters from third party professional familiar with the family situation.</li> </ul>
<b>Third Party Letters</b>	<ul style="list-style-type: none"> <li>Letters from people outside your immediate family confirming or explaining the situation in detail.</li> <li>Each letter must describe the relationship to student or student's family, and the length of time the relationship existed. Third party letters from professional must be on company/business letterhead.</li> </ul>
<b>Completed FAFSA</b>	<ul style="list-style-type: none"> <li>Completed 2018-2019 FAFSA application</li> </ul>
<b>Situations not clearly explained and documented will not be considered</b>	

**I hereby certify that all information and documentation reported and attached to this form is true, complete, and accurate. I understand false statements or misrepresentations will be cause for denial, reduction, and/or repayment of financial aid.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

<u>Office Use Only</u>	
Approved	Denied
Decision by: _____	Date: _____
Revised 01/17	