DEPVOVR 1415

EASTERN CONNECTICUT STATE UNIVERSITY
Office of Financial Aid
Wood Support Services Building
83 Windham Street, Willimantic CT 06226

DEPENDENCY OVERRIDE APPEAL Form 2014-2015

Name__________________________________________ ID #_________________________
Telephone # ___________________________________ Cell #___________________________
Email Address____________________________________________________________________

A dependency override generally can be CONSIDERED for an otherwise dependent FASFA applicant if one or more of the following conditions are cited (and documented) by the applicant:

1. An emotionally or physically abusive, unhealthy, or unsafe family environment exists
2. Abandonment or neglect of the student by the parent(s) have occurred
3. The custodial parent(s) is incarcerated
4. The student has been removed from the parent(s) residence by court order
5. Other unusual or extraordinary circumstance, events or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FASFA
6. Other supporting documentation such as police reports or court orders

The federal Higher Education Act prescribes regulations regarding a student’s dependency status. In accordance with US Department of Education guidance, a dependency override cannot be approved for an otherwise dependent financial aid (FASFA) applicant if the following conditions are the only circumstances cited by the applicant:

1. The student claims financial self-sufficiency.
2. A parent is UNWILLING to contribute financially toward the student’s educational and living expenses.
3. A parent is UNWILLING to provide information required on the student’s FASFA or to assist in completing the verification process, and/or
4. A parent DOES NOT claim the student as a federal income tax exemption.
5. You and your parents have disagreements resulting in a strained relationship

Instructions:
If you have been approved for a Dependency Override in a previous year, please sign here
______________________________________ and return only this page to the Office of Financial Aid.

Please complete this entire form and provide the information listed below if you have never appealed for independent status before.

1. Two signed statements
   Please provide a statement from two adult professionals who are not family members that verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, law enforcement officers, Department of Child and Family staff and officers of the court. Letters must be signed originals on agency letterhead with a professional title specified. Please note one letter must be from a non-ECSU source.
2.) **Notarized personal statement**
Provide a notarized personal statement (preferably typed) with your signature and date. Your statement should COMPLETELY and EXPLICITLY explain the basis of your appeal. Please note that your statement is completely confidential and will be used solely for the determination of this dependency appeal.

3.) **Complete “Monthly Expense Worksheet” & the “Income Worksheet”**

### Monthly Expense Worksheet

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly Cost</th>
<th>Who pays or provides it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
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<tr>
<td>Cable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
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<tr>
<td>Medical/Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Income Worksheet

<table>
<thead>
<tr>
<th>Income</th>
<th>Monthly</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untaxed Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash support/gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.) **Provide a copy of your lease, health insurance card, car insurance policy and car registration.**
Please note that we may request additional supporting documentation.

5) **Provide copies of your 1040 tax transcript and W-2 Statement.**
6.) Answer the following questions:
1. How long have you been living on your own?

2. Do you or have you in the past year received financial help from anyone? List the estimated value of all bills or expenses that were paid on your behalf:

3. When were you last claimed as an exemption on your parent(s) federal tax return? We may request copies of your parent(s) tax transcripts.

4. When did you last live with your parent(s) for more than one month?

5. Name address & telephone # of your father

6. Name address & telephone # of your mother

We reserve the right to contact your parent(s)

7.) Your Comments, if any (use the space only; do not write on back) you may attach a separate sheet:

I certify that all the information submitted in this petition for Dependency Override is correct and true. I understand that this decision affects only my application for financial aid at Eastern Connecticut State University.

Student Signature ___________________ Date ___________________

Rev. March 2014