WHAT IS A DEPENDENCY OVERRIDE?
A dependency override occurs when a Financial Aid administrator overrides the requirement for parent information due to extreme circumstances such as documented abuse or abandonment by the parent. A dependency override at Eastern is determined on a case-by-case basis depending on the situation, the supporting documentation provided, and whether the situation is reason enough for a student to be considered independent rather than dependent.

WHO IS YOUR PARENT FOR FINANCIAL AID PURPOSES?
A parent is your biological or adoptive parent. Grandparents, legal guardians, and foster parents are not considered parents, unless they have adopted you. If they have adopted you, you must complete the FAFSA with their information.

AM I INDEPENDENT OR DEPENDENT?
The U.S. Congress established thirteen criteria for determining a student’s dependency status. These criteria are answered on the FAFSA application. If you can provide documentation for any of the following questions, you may not need to submit this application.

• Where you born before January 1, 1996?
• As of the date you filed the FAFSA, were you married? (Answer ‘Yes’ if you are separated but not divorced.)
• At the beginning of the 2018-2019 school year, will you be in a master’s or doctoral program?
• Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
• Are you a veteran of the U.S. Armed Forces?
• Do you have children who will receive more than half of their financial support from you from July 1, 2019 to June 30, 2020?
• Do you have dependents who live with you and receive more than half of their support from you now through June 30, 2020?
• When you were age 13 or older, were both your parents deceased, were you in foster care, or were you a ward of the court?
• As of today, are you considered an emancipated minor as determined by a court in your state of legal residence?
• As of today, are you in legal guardianship as determined by a court in your state of legal residence?
• On or after July 1, 2017 did your high school or school district homeless liaison determine you were an unaccompanied homeless youth?
• At any time on or after July 1, 2018 did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
• At any time on or after July 1, 2018 did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

WHAT CONDITIONS ARE CONSIDERED FOR A DEPENDENCY OVERRIDE
• An emotionally or physically abusive, unhealthy, or unsafe family environment exists
• Abandonment or neglect of the student by the parent(s) have occurred
• The custodial parent(s) is incarcerated
• The student has been removed from the parent(s) residence by court order
• Other unusual or extraordinary circumstances, events or incidents, particularly ones related to any of the automatic conditions for independency listed on the FASFA
• Other supporting documentation such as police reports or court orders

WHAT CONDITIONS DO NOT MERIT A DEPENDENCY OVERRIDE
• Parents refuse to provide information on the FAFSA and/or for the Verification process.
• Parents do not claim the student as a dependent for income tax purposes.
• Parents refuse to contribute to a student’s education (i.e. pay tuition/fees, etc.)
• A dependent student who demonstrates self-sufficiency.
• A student who does not wish to communicate with parents.
• A student previously considered independent for financial aid purposes, but who are not meeting the 2019- 2020 criteria.
Office of Financial Aid
2019-2020 Dependency Override Application

PURPOSE
A dependency override at Eastern is determined on a case-by-case basis depending on the situation, the supporting documentation provided, and whether the situation is reason enough for a student to be considered independent rather than dependent.

INSTRUCTIONS
If you have never appealed for independent status before, please complete this form and provide the information and documentation requested below. Failure to return this form within two weeks could result in cancellation of your request.

Note: Once we receive all documentation required, your application will be reviewed by the Dependency Override Committee. If additional documentation is needed, you will be notified via your Eastern email. If your appeal is approved, your FAFSA will be processed as an independent student for this academic year. If it is not approved, you will be required to correct your FAFSA with parental information and a parent signature.

A. Student Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Eastern ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Student Date of Birth:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

B. Dependency Override Request

All dependency override requests require the following documentation. Please be as specific as possible.

- A notarized personal statement (preferably typed) with your signature and date, detailing your situation.
- Separate statements on letterhead and notarized from three adult professionals who can verify your circumstances. 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.
- Legal or court documentation of abandonment, abuse, etc. as appropriate.
- A copy of your 2017 IRS Tax Return Transcript
- Copies of your 2017 W-2 forms if you worked, regardless of whether or not you filed taxes.
- Verification Worksheet
- Any additional documentation requested based upon your individual circumstance. (Continued on the next page)
C. Please answer the following questions:
1. How long have you been living on your own?

2. Regarding Parent (1) and Parent (2), when is the last time you:
   a. Lived with (from month/year to month/year) Parent (1)__________________________ Parent (2)__________________________
   b. Had contact with (month/year) Parent (1)__________________________ Parent (2)__________________________

   Explain the nature of contact:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   c. Where do your parents live? Parent (1)__________________________ Parent (2)__________________________

3. Who is currently supporting you?
   Name:__________________________ Address:__________________________
   a. Describe nature of support provided.
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

4. When were you last claimed as an exemption on your parent(s) federal income tax return?__________________________

5. Do you own a car? □ Yes □ No If yes, who is responsible for the car payments and/or auto insurance payments?
   □ Self □ Parent (1) □ Parent (2) □ Other

D. Certification and Signature
By signing this application, I certify that all of the information reported on this application is complete and correct.

______________________________________________________________
Student Signature

______________________________________________________________
Date