

Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

FAO Action; \_\_\_\_\_

Date: \_\_\_\_\_

## Unusual Circumstances: Request for a change in Dependency Status/Dependency Override

When filing the Free Application for Federal Student Aid (FAFSA), there are a series of questions asked to determine if the student will file as a dependent or an independent student. Federal regulations require that financial aid eligibility be determined using legal parent's income and assets unless these questions determine independent status. Occasionally, there are circumstances that allow financial aid administrators to reevaluate and possibly override the dependency status. Supporting documentation will be required.

**Circumstances not considered include but are not limited to:**

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the FAFSA or for the verification process.
- Parents do not claim student on federal tax return.
- Student demonstrates total self-sufficiency.

**Circumstances that will be considered include but are not limited to:**

- Abusive family environment threatens the student's health or safety
- Parent incarceration
- Student is unable to locate parents
- human trafficking, refugee or asylee status

Student Last Name	Student First Name	Student Middle Initial
@spalding.edu		
Student ID Number	Student Phone Number	Student Email

***Please note that submitting this form does not guarantee that the request will be approved, or that you will qualify for additional aid.***

WHEN WAS THE LAST TIME YOU HAD CONTACT WITH YOUR PARENTS? \_\_\_\_\_ (Date)

DO THEY PROVIDE ANY TYPE OF YOUR FINANCIAL SUPPORT?    YES    NO

DO THEY CLAIM YOU ON THEIR TAXES?    YES    NO

ARE YOU A DEPENDENT ON THEIR HEALTH INSURANCE?    YES    NO

ARE YOU A DEPENDENT ON THEIR CAR INSURANCE?    YES    NO

***Please return all pages of this form and any supporting documents to:***

Spalding Financial Aid Office  
845 South Third Street  
Louisville, KY 40203-2188



Check the appropriate reason for this request:

— **SEVERE CIRCUMSTANCES EXIST WITHIN THE FAMILY, SUCH AS BUT NOT LIMITED TO:**

- Abuse in the house that threatens the student's health or safety
- Incarceration of the custodial parent
- Abandonment by both parents
- Other (please explain) \_\_\_\_\_

— **DEATH OF PARENT AFTER FILING THE FAFSA AND THE SURVIVING PARENT MEETS ONE OF THE CRITERIA OF SEVERE CIRCUMSTANCES.**

*\*\*Please provide all requested documentation as well as a copy of the parent's death certificate.*

— **OTHER EXTENUATING CIRCUMSTANCE NOT LISTED ABOVE:**

*If your circumstances do not fall under any of the above situations please write a personal statement and attach to the form with any documentation that you feel will support the request.*

**ALL REQUESTS WILL NEED TO INCLUDE THE FOLLOWING AS WELL AS ANY DOCUMENTS NOTED ABOVE.**

- **A PERSONAL STATEMENT AS WELL AS 2 OR MORE SUPPORTING, SIGNED AND STATEMENTS FROM ADULT PROFESSIONALS ON LETTERHEAD WHO ARE NOT FAMILY MEMBERS AND CAN ATTEST TO THE CIRCUMSTANCES. EXAMPLES WOULD BE CLERGY, DOCTORS, LAWYERS, TEACHERS, CPS OFFICIALS, ETC)**
  - **STUDENT'S LAST 2 YEAR'S TAX RETURN TRANSCRIPT, IF APPLICABLE**
  - **STUDENT'S MOST RECENT PAY STUB,IF APPLICABLE**
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**CERTIFICATION STATEMENT**

By signing this form, I/we affirm all information provided is true and complete to the best of my knowledge. If asked, I/we agree to provide additional information and proof to support the information already provided. I/we understand that if we are found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

It will be necessary to complete this form each financial aid year that the override will be requested.

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Student Signature

Date