

2026-2027 Unusual Circumstances/Dependency Override Form

Federal regulations permit the University to override a student's dependency status for federal financial aid purposes **if unusual circumstances exist and can be documented**. This determination is made on a case-by-case basis. Not all requests will qualify for a Dependency Override. A Dependency Override request can take up to 6-8 weeks to process.

Per federal regulations, the following conditions are NOT considered unusual circumstances:

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the FAFSA or verification process
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Student does not wish to communicate with parents

A. Student Information

Name (Print) _____ USCIB or VIP ID _____

Phone # _____ E-mail _____

B. Instructions and Required Documentation

[] A **typed** and **signed** statement from you explaining the request for dependency override, including detailed information on the whereabouts of BOTH parents AND the status of your relationship with them (as well as any unusual circumstances you want to be considered).

[] Signed copies of your 2024 federal tax return. Tax returns are **required** even if the IRS Data Retrieval Tool was used. This is because the IRS DRT does not give the Financial Aid/VA Office all of the data elements needed to reassess tax values as a result of adjusting income.

[] All 2024 tax schedules and attachments associated with the tax return (1,2,3,C or K, if applicable).

[] All 2024 W2s.

[] The **Income and Expense Worksheet** (included in this form).

[] Third party documentation to validate the request for a review of dependency status. **Examples of documentation include:** two letters from outside parties (i.e., counselors, teachers, medical professionals, corrections officers, clergy members, social workers, etc. **Letters must be on official letterhead.**)

[] Additional supporting documentation, if applicable (i.e., police reports, court documentation, official federal or state documentation that the student's parents or legal guardians are incarcerated, etc).

[] Copy of death certificate(s), if parent(s) is/are deceased.

***PLEASE ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM**

C. Income and Expense Information

Current Expenses: Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimated monthly amounts in the second column for each expense. In the third column, provide the name(s) and relationship(s) of the individuals(s) who pay that expense or provide that item for you. If you pay the cost, enter "self" in the third column.

Expense Item	Household Monthly Expense	Who Pays or Provides Expense
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	
Other:	\$	
Other:	\$	
Other:	\$	

Current Income: In the second column, estimate your current monthly income from each of the income sources below in column one and provide any available documentation for each of the income sources.

Income Source	Household Monthly Income
Wages	\$
Unemployment Compensation	\$
IRA Distribution/Pension	\$
Social Security Benefits	\$
Self-employment	\$
Other:	\$
Other:	\$
Other:	\$

D. Certification Statement

I hereby certify that all information in this appeal is true and complete to the best of my knowledge. I understand that failure to provide documentation may result in a denial, and that an appeal does not guarantee an override of my dependency status. I acknowledge that I will need to submit a new request each year that I need financial aid, unless the relationship with my parent(s) has been restored. **Electronic or typed signatures are not acceptable.**

Student Signature _____

Date _____

OFFICE USE ONLY

Form Issued by: _____ Date issued _____

DETERMINATION

Date Reviewed: _____

Initials	Approved	Denied	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____