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**REQUEST FOR ADJUSTMENT DUE TO SPECIAL CIRCUMSTANCES  
DEPENDENCY OVERRIDE  
2016-2017**

The Higher Education Acts allows an aid administrator to make dependency overrides on a **case by case** basis for students with unusual circumstances. If the administrator judges that an override is appropriate, he/she must document the unusual circumstance.

**However, NONE of the conditions listed below, singly or combined, qualify as unusual circumstances or merit a dependency override:**

1. Parents refuse to contribute to student's education
2. Parents unwilling to provide information on the application or for verification
3. Parents do not claim the student as dependent for income tax purposes
4. Student demonstrates total self-sufficiency

Unusual circumstances DO include an abusive family environment or abandonment by parents and may cause any of the above conditions. In such cases a dependency override might be warranted.

**If you are under 24 years of age and answered "NO" to every question in Section 2- Student Status of the Free Application for Student Federal Aid (FAFSA) and believe you should be considered as an Independent student because of extenuating circumstances, you must comply with the following:**

1. Provide a copy of your income tax returns for the previous 2 years (2014 & 2015) indicating that you had sufficient funds to cover your living expenses.
2. Provide a lease agreement that has been in your name for at least the last six months.
3. Provide copies of current telephone, utility and water bills in your name.
4. Provide a letter from your high school counselor stating that they were aware that you received no support from your parents throughout high school.
5. Provide two letters from relatives stating that you receive no support from your parents.
6. Complete Dependency Override Request form
7. Other documentation, if requested, upon review of your circumstances.

Student : \_\_\_\_\_ SSN or COM ID: \_\_\_\_\_

For the 2016-2017 award year, there are federal requirements that a student must meet to qualify for financial aid as an independent student. If you do not meet one of the criteria, you will be evaluated as a dependent student, meaning that your parents MUST provide income and asset information.

There are circumstances that may warrant re-evaluation of your status. Providing the following information will permit the office of Student Financial Services to make a determination.

1. What is the amount of financial support you currently receive from your parents?  
\$ \_\_\_\_\_ per month.
2. What other type of support do you receive from your parents (e.g., health insurance, room and board while living at home)?

**Type of Assistance**

**Approximate Value**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If your parents are unwilling to provide their financial information to complete your Free Application for Federal Student Aid (FAFSA), please explain why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate the amount and source (e.g., wages, monetary gifts from persons other than your parents, interest income) of your annual income for 2015 and 2016.

**Amount**

**Source of Income**

2015 \$ \_\_\_\_\_

\_\_\_\_\_

2016 \$ \_\_\_\_\_

\_\_\_\_\_

5. Please complete the following statement of your monthly expenses.

Expenses (if any amounts are zero, please explain)	Monthly
Housing	
Food	
Transportation (car payments, insurance, gas, etc.)	
Utilities	
Child Care and/or Dependent Care	
Personal (clothing, entertainment)	
Other (identify)	
<b>TOTAL</b>	

**Please provide documentation to verify this information. Additional information may be required.**

**STUDENT’S CERTIFICATION:**

I certify that the information provided on this form and on all supporting documentation is true and correct to the best of my knowledge and ability.

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

\_\_\_\_\_ Date

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**PARENT(S) CERTIFICATION:**

“Parent” means the student’s biological or adoptive mother and father. If both are living, both must complete Section A & B and sign.

**Section A:** Complete #1 or #2

1. The last year I claimed my child on my income tax return was: Mother : \_\_\_\_\_(year) Father : \_\_\_\_\_(year)
  
2. I have not filed an income tax return within the last five (5) years.  
 Mother : \_\_\_\_\_YES\_\_\_\_\_NO      Father : \_\_\_\_\_YES  
 NO

**Section B:** Complete the following statement with the last year you provided support to your child. “Support” includes, but is not limited to health insurance, room and board, or monetary allowance.

The last year I provided support to my child was:  
 Mother: \_\_\_\_\_ Father: \_\_\_\_\_

I certify that the information provided on this form is true and correct to the best of my knowledge and ability.

\_\_\_\_\_ Parent Signature      Date

\_\_\_\_\_ Parent Signature      Date