



2023-2024 Request for a Dependency Override

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 30 business days to process.

The following conditions are **NOT** considered unusual circumstances:

- A parent refusing to provide data or refusing to contribute towards the student's education.
- A student who does not wish to communicate with parents or who is not claimed on the parents' income tax.
- A student who demonstrates total self-sufficiency and does not meet at least one of the current definitions of an independent student (as established on Section 3 of the FAFSA application).
- A student who has been previously considered independent for the purposes of receiving financial aid but does not meet at least one of the current definitions of an independent student (as established on Section 3 of the FAFSA application).
- A student who is divorced at the time of filing and does not meet one of the current definitions of an independent student (as established on Section 3 of the FAFSA application).

A. STUDENT INFORMATION

Name (Print) _____ AU ID _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____ E-mail _____

B. MINIMUM REQUIRED DOCUMENTATION. ADDITIONAL DOCUMENTATION MAY BE REQUIRED

☐ Complete 2023-2024 FAFSA application (www.fafsa.gov)

☐ 2022 SIGNED student taxes and W-2's. If you did not/will not file a 2022 tax return, please submit an IRS Verification of Non-filing Letter, and complete **Section D: Income and Expense Information** listing your monthly expenses (rent, food, transportation, utilities, etc.) for 2022 and how they were paid for (i.e., parents, friends, savings, salary, etc.).

☐ A SIGNED letter from you explaining your request for a dependency override, including detailed information on the whereabouts of **BOTH** your parents AND the status of your relationship with them, as well as any unusual circumstances you want to be considered.

☐ Three (3) letters, either NOTARIZED with business card or on LETTERHEAD from officials (employer, clergy, doctor, lawyer, professor, teacher, counselor, psychiatrist, psychologist, government agencies, courts, prison administrators, etc.) that can attest to your independent status, as well as the whereabouts of **BOTH** your parents and your relationship with them. **The letters CANNOT be from relatives or friends.**

☐ Copy of Death Certificates, if parent(s) are deceased.

C. DEPENDENCY OVERRIDE RENEWAL (select if applicable)

☐ A student with an **approved** Dependency Override for the 2022-2023 academic year who does not meet the federal criteria for independent status on the 2023-2024 FAFSA, may submit a notarized statement confirming that the extenuating circumstances still exist. The financial aid administrator may request additional documentation if deemed appropriate.

**2023-2024 Income and Expense Worksheet
for Dependency Override**

D. Income and Expense Information (only complete if you did not file a 2022 Tax Return)

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 individual(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:	\$

E. Signature

All the information on this form is true to the best of my knowledge and I have attached the appropriate supporting documentation.

Student Signature _____ AU ID _____ Date _____

SUBMISSION INSTRUCTIONS:

- 1) Fax: 434-791-5647
- 2) Email: finaid@averett.edu
- 3) Mail: Student Financial Service
Averett University
420 West Main Street
Danville, VA 24541