

Tennessee Tech University
Financial Aid Office
931-372-3073 / fax: 931-372-6309

2018-2019 Dependency Override Request

Name: _____

T#: _____
(Tech ID Number)

Email: _____

The Department of Education determines a student's status as dependent or independent for financial aid purposes by the answers the student provides on the questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). If you can answer YES to any one of the following questions, you are automatically independent and do not need to complete this request.

	YES	NO
1. Were you born before January 1, 1995?	___	___
2. As of today, are you married? (Marriage certificate may be required)	___	___
3. At the beginning of the 2018-19 school year, will you be working on a master's or doctorate program?	___	___
4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	___	___
5. Are you a veteran of the U. S. Armed Forces (DD214 will be required)?	___	___
6. Do you have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019?	___	___
7. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019	___	___
8. At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? (Documentation will be required)	___	___
9. Are you or were you an emancipated minor as determined by a court in your state of legal residence? (Documentation may be required)	___	___
10. Are you or were you in legal guardianship by someone other than your parent or stepparent, as determined by a court in your state of legal residence? (Documentation may be required)	___	___
11. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? (Documentation will be required)	___	___
12. At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Dept. of Housing & Urban Development determine that you were an unaccompanied youth who was homeless? (Documentation will be required)	___	___
13. At any time on or after July 1, 2017, 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? (Documentation will be required)	___	___

UNUSUAL CIRCUMSTANCES

The Department of Education has identified conditions that, individually or in combination with one another, **DO NOT QUALIFY AS UNUSUAL CIRCUMSTANCES**, or do not merit a change in dependency status. Those conditions are as follows:

- Parent(s) refusing to contribute to the student's education
- Parent(s) unwilling to provide information necessary to complete the FAFSA and/or verification process
- Parent(s) not claiming the student as a dependent for income tax purposes
- Student demonstrating total self-sufficiency and/or not living with their parent(s)

Student Name: _____

T# _____

However, there are situations where a student may have unusual, extreme circumstances in which s/he should be considered independent. A justifiable reason to excuse the parent(s) from their financial responsibility must exist.

The following information covers the procedure that is applied to determining a student's eligibility for a "Dependency Override". A Financial Aid Administrator will review the student's appeal by examining the supporting documentation provided by the student, and based on their professional judgment, will either approve or deny the student's request. The student will be notified via email.

CIRCUMSTANCES GIVEN CONSIDERATION

1. A student's voluntary or involuntary removal from the parents' home due to an extreme situation that threatened the student's health and/or safety and due to these conditions, parent support was terminated.
2. Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
3. Other extenuating circumstances that can be sufficiently documented.

PLEASE NOTE: THE FINANCIAL AID ADMINISTRATOR'S DECISION IS FINAL AND CANNOT BE APPEALED TO THE U.S. DEPARTMENT OF EDUCATION.

REVIEW PROCEDURES

All submitted documentation will be reviewed by the Financial Aid Administrator to determine if the student will be granted a dependency override. If the request cannot be approved, an official notification of the Administrator's decision will be sent to the student along with an explanation of any further actions necessary to complete his/her application for aid.

If the student has already completed a FAFSA for the year under review, the Financial Aid Administrator will make any necessary corrections electronically to the original FAFSA form. If the student has not yet filed a FAFSA for the year under review, the completed paper FAFSA (not the FAFSA on-the-web worksheet) should be submitted to the Office of Financial Aid so the dependency override request can be completed.

We respect your right to keep your personal circumstances private, but we cannot approve dependency override requests without complete and well-documented explanations of unusual circumstances. All information is kept confidential. All documentation will be maintained in the student's financial aid file.

RENEWAL OF A DEPENDENCY OVERRIDE FOR FUTURE YEARS

A dependency override is granted on an academic year basis. Therefore, a student who was granted a Dependency Override in the previous academic year must reapply each concurrent year.

A Dependency Override does not have to be transferred from one school to another. Documentation may have to be submitted to the new school in the case of a transfer and that school will make the determination as to whether or not they will grant a Dependency Override. This is true even if the transfer is made within the same academic year and a Dependency Override was already granted at one school.

NOTE: To be considered for a "Dependency Override", you must complete this form in its entirety and provide all documentation requested to the Office of Financial Aid. Failure to complete the entire form will result in the denial of your request. **We reserve the right to request any additional supporting documentation that may be needed to verify your situation.**

NAME: _____

T#: _____

STUDENT INFORMATION AND CERTIFICATION (Please print clearly. Do not leave any item blank.)

1. Did (will) anyone claim you as a dependent on their 2017 Federal Income Tax Return?
No: _____
Yes: _____ Person's Name: _____ Relationship to you: _____
2. Did anyone claim you as a dependent on their 2016 Federal Income Tax Return?
No: _____
Yes: _____ Person's Name: _____ Relationship to you: _____
3. Have you previously been approved for a Dependency Override at TTU?
No: _____ You must provide ALL documents listed below.
Yes: _____ Check with the Financial Aid Office to see what is required from A – G.

A. Your personal letter of appeal explaining the reason for your request for a Dependency Override

The letter should provide as much detail as possible describing your separation from your parents. You are required to include the following information, in addition to your name, Tech ID (T#) and signature:

- The whereabouts of your biological father and biological mother, including their living arrangements. Include the last contact you had with each biological parent and the frequency of contact with each one over the past two (2) years. Provide detail of any financial support you have received from them in the last two years.
- Details as to why you cannot provide parental financial information on the FAFSA.
- Your living arrangements over the past two (2) years. With whom have you resided? Who has provided support to you over the past two (2) years? How much time have you lived with your biological parent(s)?

B. Letters from two individuals who can attest to your situation. Their letter should provide as much detail as possible describing your separation from your parents and **must include their contact information and their relationship to the student.**

- One letter should be on letterhead from a professional individual not related to the student – counselor, high school guidance counselor, social worker, clergy, police, etc. – or you must get approval from our office for any exceptions
- The second letter can be from either a professional or nonprofessional individual, preferably **not related** to the student, not residing in the same household, and **must include their relationship to the student and their contact information.**
- **If you have any legal documents that support your particular situation, please submit a copy that our office can keep in your student file.**

C. A SIGNED copy of your 2016 Tax Return, if you did not use the IRS Data Retrieval Tool

D. A completed and signed 2018-19 Independent Verification Form (request in Financial Aid Office)

E. The attached form(s) completed and signed.

F. A completed and signed 2018-19 paper FAFSA – leave the parent section blank. You may print the paper FAFSA from the following address: <https://fafsa.ed.gov/fotw1819/pdf/PdfFafsa18-19.pdf>
(If you have already completed a FAFSA for 2018-2019 and your override is approved, we will make the necessary corrections from our office).

4. Do you own a car? Yes: _____ No: _____
Whose name is it registered and insured in? _____
Relationship to student: _____
5. Do you have health insurance? Yes: _____ No: _____
Whose name is it in? _____ Relationship to student: _____

Student Name: _____

T# _____

Student Income & Expenses for 2016

Please complete each line as it applies to you, even if the answer is zero.

Indicate the total amount of **YOUR** bills and who pays that bill – proof may be required

(IF an item below does not apply because you live with someone who supplies a home, etc., please explain on the back of this page EXACTLY who provides the item for you, their relationship to you, and why there is no charge to you—you MUST complete the income portion & SIGN)

ITEM	Monthly Total	Relationship of Person Paying This Expense
Rent	\$ _____	_____
Utilities (electric, water, phone)	\$ _____	_____
Food	\$ _____	_____
Automobile Expenses	\$ _____	_____
Car Payment, Insurance		
Taxes, license, etc		
Gas, oil, repairs		
Cell Phone	\$ _____	_____
Personal Loans	\$ _____	_____
Credit Cards	\$ _____	_____
Insurance other than auto	\$ _____	_____
Clothing	\$ _____	_____
Recreation	\$ _____	_____
Other _____	\$ _____	_____
_____	\$ _____	_____

Did you receive Food Stamps or other government assistance? _____

Were you in college during 2016-2017? _____

Are/were you in college during 2017-2018? _____

Did you receive Financial Aid? _____

Did you receive Financial Aid? _____

List Student's 2016 total earnings: \$ _____

Projected 2017 earnings: \$ _____

Total Cash & Savings: \$ _____

Total Cash & Savings to date: \$ _____

List any other income for 2016: \$ _____

Any other 2017 income: \$ _____

Sources _____

Sources _____

I CERTIFY THAT THE INFORMATION LISTED IN THIS FORM AND ALL SUPPORTING DOCUMENTS CONCERNING MY REQUEST FOR A DEPENDENCY OVERRIDE ARE TRUE AND COMPLETE.

Student's Signature: _____ Date: _____

SUBMIT THIS FORM AND ALL SUPPORTING DOCUMENTS TO THE OFFICE OF FINANCIAL AID.

Tennessee Tech University
P. O. Box 5076
Cookeville, TN 38505
Fax: 931-372-6309

Office Use Only

Comments: _____

Approved / Denied: _____ Date: _____