



Student Financial Assistance
 8600 University Boulevard
 Evansville, IN 47712
 Phone: 812-464-1767 or 800-467-1965
 Fax: 812-461-5305 / Email: finaid@usi.edu

2021-2022 Dependency Override Application

The U.S. Department of Education has a definition of independent status that differs from the IRS definition of independence. We must use the Department of Education’s definition of dependency unless verifiable extenuating circumstances exist. Extenuating circumstances are generally defined by the student’s inability to have contact with his/her parents.

Many students feel they should be considered independent because they currently live on their own, they support themselves, their families cannot afford to help with college expenses, their parents do not claim them on income taxes, or their parents are unwilling to provide information on the FAFSA. Per Federal regulations these are not adequate reasons for a dependency override.

Complete, sign, and return this form. Read carefully and attach all other required documentation. Incomplete forms will not be processed!

A. Student Information

_____		_____		_____	
Last Name	First Name	M.I.	USI Student ID number (SSN if ID is unknown)		
_____		_____		_____	
Street Address	City	State	Zip Code	Phone Number (Include Area Code)	

B. Dependency Definition (Defined by the U.S. Department of Education)

You are considered an independent student for financial aid purposes if you meet any ONE of the following criteria (and could provide documentation if requested) at the time you first completed and signed your 2021-2022 FAFSA:

- You were born before January 1, 1998.
- You were married or separated but not divorced at the time you filed the FAFSA.
- You are a veteran of or are on active duty in the U.S. Armed Forces (for purposes other than training).
- You are admitted to a master’s or doctorate program for the 2021-2022 academic year.
- You have a child or children for whom you provide more than 50% support.
- You have legal dependents, other than children or a spouse, who live with you and for whom you provide more than 50% support.
- You are or were in a court-appointed legal guardianship until you reached the age of majority (18 in Indiana).
- You are or were declared by a court in your state of legal residence to be an emancipated **minor**.
- Both of your biological or adoptive parents are deceased.
- At any time since you turned age 13, you were or are in foster care or you were or are a dependent or ward of the court. (Incarceration in a youth detention center or group home does not meet this requirement.)
- You were determined to be a homeless or unaccompanied youth or at risk of being homeless on or after July 1, 2020 by a school district homeless liaison, a directory of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or a director of a runaway or homeless youth basic center or transitional living program.

Note: If you meet any one of the above criteria, you do not need to complete this form.

The following page contains examples of circumstances that **may** qualify a student for a dependency override. If one or more of them applies to you, check the box(es) and attach the requested documentation for each situation that applies to you. **If none of these circumstances apply to your situation, do not complete this form.**

C. Reasons for Appeal

Please Check One	Reason for Appeal	Required Documentation
<input type="checkbox"/>	<p>A. Inability to obtain parent financial information due to severe circumstances such as:</p> <ul style="list-style-type: none"> ➤ Abusive home situation that is dangerous to your physical or mental well-being ➤ Abandonment by both parents ➤ Parental alcohol or drug abuse ➤ Incarceration of both parents/Incarceration of the custodial parent and the other parent meets one of the above criteria 	<ul style="list-style-type: none"> <input type="checkbox"/> A signed statement in your own words that completely and explicitly explains the basis of your appeal and your relationship with both biological and/or adoptive parents. <input type="checkbox"/> Signed statements from two adult professionals (who are not friends, peers or family members) who are familiar with your situation and can verify your circumstances. This may include teachers or professors, school counselors, clergy members, social workers, medical professionals, law enforcement officers, attorneys, employers, or any other adult you know in a professional capacity. Letters must be signed on agency letterhead with the professional title of the writer. <input type="checkbox"/> Any available documentation that verifies your situation. This might include court documents, official school records, case worker files, etc. In the case of incarceration, provide any available documentation that details the beginning date and length of incarceration.
<input type="checkbox"/>	<p>B. Both parents reside in a foreign country and are unable to communicate with you because of political policy, war or civil unrest</p> <p style="text-align: center;">OR</p> <p>Your custodial parent resides in a foreign country and is unable to communicate with you because of political policy, war or civil unrest and your other parent meets the circumstances described in reason A or C.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A signed statement in your own words that completely and explicitly explains the basis of your appeal. <input type="checkbox"/> Statement or advisory from a governmental agency of the U.S. or the country in which your parent(s) reside which confirms that the policies of the U.S., the policies of your parent(s) country of residence, or a current state of war or civil unrest in your parent(s) country of residence restrict communication and/or transfer of funds between the two nations. If no documentation is available from a government agency, a similar statement from a non-governmental agency such as a charitable organization, advocacy group, or refugee assistance group may be acceptable. <input type="checkbox"/> If one of your parents is in a foreign country and unable to communicate with you and the other parent meets the circumstances described in reason A, provide all the materials requested in both reason A and B as they pertain to each parent.
<input type="checkbox"/>	<p>C. Death of parent <u>after</u> filing FAFSA and the surviving parent meets the circumstances described in reason A or B.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A signed statement in your own words that completely and explicitly explains the basis of your appeal. <input type="checkbox"/> Documentation verifying the death of your parent(s). This might include a death certificate, newspaper obituary or materials from a funeral or memorial service. If your last name is different from your parent's, please provide legal documentation that verifies your relationship such as your birth certificate. <input type="checkbox"/> All the materials requested in reason A or B as they pertain to your surviving parent.
<input type="checkbox"/>	<p>D. You are legally divorced after being married for at least two years and have maintained a residence apart from you and your former spouse's parents during the time you were married and continue to do so and you pay all expenses from your own income and assets.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A signed statement in your own words that completely and explicitly explains the basis of your appeal. <input type="checkbox"/> Complete copies of your marriage license and divorce or dissolution court documents. <input type="checkbox"/> Mortgage or rental agreements for the period in which you were married. <input type="checkbox"/> Any other available documentation verifying that you do not live with your parent(s) or your former spouse's parent(s) and that you are fully self-supporting. This may include tax returns, W-2s, a statement from your employer, a current lease or mortgage in your name, etc.

D. Income, Expenses and Additional Information

1. **Current Expenses:** Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of monthly amounts in the second column. In the third column, give the name and relationship of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.

Expense	Monthly Cost	Who Pays or Provides It
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	

2. **Current Income:** Describe your average monthly income and identify the source(s) by name (examples: Self-Employed, Burger King, Best Buy, etc.).

Type of Income	Monthly Income	Source(s)
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

- 3. **When did your parent(s) last claim you as a dependent on a Federal Tax Return?** Year: _____
- 4. **When did you last live with your parent(s)?** Month: _____ Year: _____
- 5. **When did you last receive financial support from your parent(s)?** Month: _____ Year: _____
- 6. **Are you included as a dependent under your parent(s)' medical plan (circle one)?** YES / NO
- 7. **Do you own or have the use of an automobile while attending USI?** YES / NO

If yes, give the name and address of the registered owner. _____

Provide the name and relationship of the person making the car payments. _____

E. Certification and Signature(s) (Typed/Electronic signatures are NOT accepted)

I hereby certify that all information contained in this appeal, including my personal statement and other documentation, is true and complete to the best of my knowledge. **I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation.** I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal and State student aid jeopardized.

Note: Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney.

Student Signature

Date