Financial Assistance
8600 University Boulevard
Evansville, IN 47712
Phone: 812-464-1767 or 800-467-1965
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# 2021-2022 Marriage Override Application

This form is intended for students who are dependent according to FAFSA but have since married. If you are already independent, do NOT complete this form.

Complete this form only if your marriage date was prior to your first day of attendance during the 2021-2022 academic year. If your marriage date was after your first day of attendance during the academic year you are not eligible for an override and you are considered dependent for FAFSA purposes for the academic year. **Note**: Application does not guarantee approval.

Attach the following documents to this application prior to submitting:

- ❑ Copy of your marriage certificate
- ❑ Student **signed copy of 2019 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3)**
- ❑ Spouse **signed copy of 2019 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3)**

**Read carefully and attach all 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) _____

Address (include apt. no.) _____ City _____ State _____ Zip code _____

Phone number (include area code) _____

Full name of spouse _____ Date of marriage _____

## B. Household Members and Number in College

**Complete the table below.**

**Include:**

- Yourself
- Your spouse
- Your dependent children, if you will provide more than half of their support from July 1, 2021 – June 30, 2022.
- Other people ONLY if they now live with you, you provide more than half of their support, and will continue the support from July 1, 2021 - June 30, 2022.

| Full Name of Household Members | Age | Relationship to Student | Is the household member attending college at least half-time in a degree, diploma, or certificate program any time between July 1, 2021 and June 30, 2022? |
|---|---|---|---|
| | | Self | University of Southern Indiana |
| | | Spouse | ❑ No ❑ Yes, name of college:_____ |
| | | | ❑ No ❑ Yes, name of college:_____ |
| | | | ❑ No ❑ Yes, name of college:_____ |
| | | | ❑ No ❑ Yes, name of college:_____ |
| | | | ❑ No ❑ Yes, name of college:_____ |
| | | | ❑ No ❑ Yes, name of college:_____ |

**Student Name:** _____ **USI ID #:** _____

## C. STUDENT/SPOUSE Tax Filing Status and Income Information

**1. Student Tax Filing Status**

| | |
|---|---|
| ❑ Yes ❑ No | **Did you file, or will you file, a 2019 Federal IRS Tax Return?** |
| **If yes…** | **Continue to Section D.** |
| **If no…** | |

| | |
|---|---|
| **1. Did you, the student, work in 2019?** | ❑ Yes ❑ No |
| **2. List below your sources of Income/Support** (e.g. Employer's name, Disability Benefits, etc.) Students who received total support from parent(s) should write 'TSFP' below. | **Annual Total for 2019** |
| | |
| | |
| | |

**2. Spouse Tax Filing Status**

| | |
|---|---|
| ❑ Yes ❑ No | **Did your spouse file, or will your spouse file a 2019 Federal IRS Tax Return?** |
| **If yes…** | **Continue to Section D.** |
| **If no…** | |

| | |
|---|---|
| **1. Did your spouse work in 2019?** | ❑ Yes ❑ No |
| **2. List below your spouse's sources of Income/Support** (e.g. Employer's name, Disability Benefits, etc.) | **Annual Total for 2019** |
| | |
| | |
| | |

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

I hereby certify that all information provided is true and complete to the best of my knowledge. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

_____ _____

**Student Signature (Required)** **Date** **Spouse** **Date**