



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

2026-2027 Marriage Override Application

This form is intended for students who are dependent according to FAFSA but have since married. **Do NOT complete this form if you are already independent.**

Complete this form only if your marriage date was prior to your first day of attendance during the 2026-2027 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.

****Correct your marital status on FAFSA to married and attach a copy of your marriage certificate.**** (Additional documentation may be required if the FA-DDX is not successful or if you or your spouse are a non-tax filer.)

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 (Attach a copy of your marriage certificate)	

B. Family Information

Complete the table below. Include:

- ✓ The student.
- ✓ The student's spouse if the student is married.
- ✓ The student's or spouse's dependent children if they live with the student now and the student will provide more than half of their support between July 1, 2026, and June 30, 2027. (Include dependent children who live apart due to college enrollment. Do not include unborn children.)
- ✓ Other dependents, if they live with the student now and the student will provide more than half of their support between July 1, 2026, and June 30, 2027.

Full Name of Family Members	Age	Relationship to Student
		Self

C. Certification and Signature(s)

Typed/Electronic signatures are NOT accepted

I hereby certify that all information reported on this worksheet is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be 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 (Required) Date

 Spouse Signature Date