

2024-2025 Unusual Circumstances (Dependency Override) Appeal

The US Department of Education does allow financial aid administrators to use professional judgment in cases where unusual circumstances prevent a student from being able to provide parental information on the Free Application for Federal Student Aid (FAFSA), commonly referred to as a dependency override or appeal.

The following are situations, in and of themselves, would not be considered a special circumstance for dependency status appeal:

1. Your parents do not claim you as a dependent on their income taxes.
2. You do not live with your parents and/or you and your parents are having a disagreement.
3. Your parents refuse to provide their information on your FAFSA.
4. Your parents do not contribute to your college expenses and/or you are self-supporting.

If all four above apply to you, you do not qualify for unusual circumstances consideration and must update your 2024-2025 FAFSA at www.fafsa.gov with parental information to be eligible for financial aid.

In very limited cases, an otherwise dependent student may be able to submit the FAFSA without parental information due to special circumstances, including:

- Documented abandonment
 - Physical or emotional abuse
 - Severe estrangement from parents
 - Parental incarceration of both of your parents
 - Human trafficking
 - Other mitigating circumstances
- **Instructions:** *Return the completed form with the required documentation to the Financial Aid Office after completing the FAFSA. All documentation received by our office will be kept confidential. P&HCC requires a student seeking a dependency override to complete the P&HCC Dependency Override Appeal. Decisions made at other institutions are not accepted. All decisions made by the P&HCC Financial Aid Office are FINAL and not appealable.*

Student Name: _____ Student ID#: _____
Last First MI

Home Address: _____ Phone: _____
Street City State ZIP Code

Unusual Circumstances Appeal Process:

- 1. Personal Statement:** On a separate sheet of paper, tell us in your own words why you are requesting a dependency override by outlining the mitigating circumstances and why you should be considered independent, including your current living situation and how you are supporting yourself. Financial Aid will be unable to review your request if your statement is not thorough and legible.

Be sure to describe the following:

- 1- the nature of your relationship with both of your (biological/adoptive) parents
- 2- the location of both parents and when you last had contact with them
- 3- why you cannot obtain information and/or support from your parents

Sign and date your statement. You will need to submit a personal statement with an update of your situation every year.

- 2. Third-Party Statements:** Provide at least **two** letters from objective third-party adult individuals who personally have knowledge of your situation and who can verify your circumstances. At least one letter (on letterhead) should be from an individual who has been involved in the circumstances in a professional capacity (high school guidance counselor, clergy, social worker/caseworker, counselor/therapist, doctor, attorney, teacher/professor, university administrator, supervisor/employer). If they are unable to provide the statement on letterhead, please include their business card with their signed statement.

All letters must include details such as:

- the length of time and nature of the writer's relationship to you and his/her knowledge of your situation
- the reason why you cannot provide your parents' information on the FAFSA/why you should be independent
- the writer's name, address, telephone number, and inked signature

- 3. Copy of 2022 signed Federal Tax Return and 2022 W-2 Forms.** If you did not file and are not required to file, list below your employer(s) and any income received in 2022 (attach a copy of your W-2 or 1099 forms).

List each 2022 employer/source of income:

2022 Amount received:

- ➔ Upon receipt of your documentation, it may be necessary to request additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed.

Signature/Certification

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.

Signature of Applicant

Date

For Office Use Only

Comments: _____

Approved

Denied

Authorized by: _____

Date: _____