DEPENDENCY OVERRIDE REQUEST

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the Free Application for Federal Student Aid (FAFSA).

To be considered independent of your parents for financial aid purposes, you must prove that one of the following is true:

- You were born before January 1, 1999.
- You are a graduate or professional student.
- You were married at the time you applied for financial aid (being separated still counts as being married).
- You have children who receive more than half of their support from you.
- You have dependents other than children who live with you and receive more than half of their support from you.
- You are an orphan (both parents are deceased).
- You were a ward of the court until age 18 or were a foster child after the age of 13.
- You were/are in legal guardianship.
- You were /are an emancipated minor.
- You are an accompanied youth who was homeless or at risk of homelessness on or after July 1, 2021.
- You are serving active duty in the U.S. Armed Forces (other than training) or a U.S. Armed Forces veteran.
- You have special and unusual extenuating circumstances that can be DOCUMENTED for your financial aid administrators, whom may then request a "dependency override" on the FAFSA application.

Note: Exceptions are granted very rarely and only in extreme cases.

If NONE of the above criteria apply to you, you are a DEPENDENT student.

IMPORTANT:
Please note that the following reasons are NOT circumstances that qualify students as independents:

- Parents refuse to contribute to your education.
- Parents are unwilling to provide information on the FAFSA.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

DIRECTIONS: After reading the information above carefully, if you feel you can substantiate an extenuating circumstance, then complete this form and the Third Party Verification Form and submit it to the Financial Aid Office (FAO). The FAO will notify you of the decision by mail within 3 weeks from the day you submitted all your completed forms. During peak periods, such as registration periods, there may be an longer wait time for the decision. Your request will be reviewed by a committee.

THE FINANCIAL AID COMMITTEE DECISION IS CONSIDERED FINAL AND CANNOT BE APPEALED

DEPENDENCY OVERRIDE FORM

STUDENT INFORMATION

Name: ______________________________ **Date of Birth:** ______________
(Last Name) (First Name)

Social Security Number: ______________________ **Student ID No.:** ______________________

Mailing Address: ____
(Street address, P.O. Box, Rural Route, Etc.)

____
(City) (State) (Zip) (County)

Phone No.: ____________________

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FINANCIAL AID OFFICE
1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu
UA Community College Morrilton

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PARENT(S)/GUARDIAN INFORMATION

Is Your Biological MOTHER Deceased?
☐ Yes ☐ No ☐ Don't Know

Is Your Biological FATHER Deceased?
☐ Yes ☐ No ☐ Don't Know

Parent Name: ______________________________
(Full Name) (Relationship)

Parent Name: ______________________________
(Full Name) (Relationship)

Mailing Address: ______________________________
(Street address, P.O. Box, Rural Route, Etc.)

____
(City) (State) (Zip) (County)

Phone No.: ______________

When was the last time you lived with your Mother? ______________ (month and year)
With your Father? ______________ (month and year)

When was the last time you had contact with your Mother? ______________ (month and year)
With your Father? ______________ (month and year)

When did your Mother last provide for you? ______________ (month and year)
Your Father? ______________ (month and year)

What are your present living arrangements
(Who do you live with? How much do you pay each month for rent? When did this arrangement begin?)

____

How do you support yourself and meet your current living expenses?

____

Why are your parents no longer able to support you? Explain in detail the circumstances involving your parents' inability or unwillingness to support you. Attach a separate sheet of paper if necessary to provide additional information that you feel supports your request to be considered as an independent student.

____

I certify that the information provided is true and correct and I understand that it may be used to override federal regulations regarding my dependency status.

Signature: ______________ **Date:** ______________
(Student)

> **Continues On Next Page**

THIRD PARTY VERIFICATION

To The Student: Please give this form to someone who knows your situation well, such as a clergy, social worker, or other social services personnel, court official, counselor, or police officer.

Student Name: _____ **Student ID No.:** _____

Student Date of Birth: _____

Please describe the above named student's home situation with his/her parents in enough detail so that the financial aid office at University of Arkansas Community College at Morrilton may determine if there is an adverse home situation.
(Attach additional sheet if necessary and be sure to sign statement and attachments)

_____

_____

_____

_____

_____

_____

_____

THIRD PARTY INFORMATION

Third Party Name: _____ **Phone No.:** _____
(Printed)

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

Relationship to Student: _____ **Length of Time You Have Known Student:** _____

I certify that the above statement is true and correct to the best of my knowledge. I understand that I may be contacted by a financial aid administrator for verification of information.

Signature: _____ **Date:** _____
(Third Party)

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