

Drake State ID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last: \_\_\_\_\_



## Request for Financial Aid Independent Status Form 2019-2020

In order to justify a dependency override, a history of family estrangement from both parents and/or dysfunction regarding both parents must exist. This form can be used to request a review of extenuating circumstances regarding your dependent status. Examples of estrangement or dysfunction include, but are not limited to abuse, abandonment, drug abuse, and parental incarceration. These extenuating circumstances must be documented by an objective third party (e.g. high school or college counselor, social services agency official, physician, pastor or clergy, mental health professional, law enforcement officer, teacher, etc.) to qualify. In passing the law that established the criteria used to define independent students, the U.S. Congress intended that an unmarried student would be considered dependent until age 24 and that the responsibility to provide education assistance for the student remained primarily with the student and the parent(s). Other categories of independent students include veterans of the U.S. Armed Forces, graduate students, married students, orphaned students (or wards of the court) and students with dependents other than a spouse.

### The following examples ***will not*** make you independent:

1. Parents refuse to financially contribute to the student's education
2. Parents refuse to fill out information necessary to complete the FAFSA or verification process
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency

### Section A – Student Information

Academic Year of Request: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drake State Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Section B – Request Process

- I. **FAFSA:** Complete the FAFSA for the academic year in question prior to submitting this form.
- II. **Personal Statement:** Explain the reason for your request for a dependency override. The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following information:
  - a. The whereabouts of your biological or adoptive parents and their current living arrangements. Include the last contact you had with your parents and the frequency of contact with them over the past year(s).
  - b. Why you cannot provide parental information on the Free Applications for Federal Student Aid (FAFSA).
  - c. Your living arrangements over the past year(s); who have you lived with and who has provided financial support for you?

Drake State ID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

III. Letters from individuals/agencies that can verify your situation. These letters should provide as much detail as possible describing details as to how the person knows you, how long they have known you and they have been involved and/or have first-hand personal knowledge of your situation and your separation from your parents.

These letters are to include but are not limited to the following:

- a. Signed letters from agencies on letterhead (e.g. high school or college counselor, social services agency official, physician, pastor or clergy, mental health professional, law enforcement officer, teacher, etc.) verifying your situation.

IV. Additional documentation that can verify your situation. This includes but is not limited to the following:

- a. Court papers, police reports, documentation from social services agencies, etc.

### Section C – Certification and Signature

My signature on this document confirms my acknowledgement of the following:

- I agree to provide proof of the information if and/or when requested
- The information submitted for review is true and correct to the best of my knowledge
- I understand that all documentation is subject to verification by the Office of Financial Aid
- In cases where submitted documentation is forged, tampered with, or otherwise fraudulent I may face criminal and/or disciplinary actions in accordance with Federal and State laws and/or University policy.
- I have read each section, provided the required documentation, and realize that more information may be required
- During peak seasons, processing times may be delayed
- The signatures provided are true and not typed

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

\_\_\_\_\_ Student Not Eligible

\_\_\_\_\_ Independent Status and Dependency Override Request Denied

Comments \_\_\_\_\_

\_\_\_\_\_ Independent Status & Dependency Override Request Approved

FA Administrator \_\_\_\_\_ Date \_\_\_\_\_