

2022-23 Dependency Override

Federal law assumes that the family has the primary responsibility for meeting the educational costs of students. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. If there are extraordinary circumstances that may warrant a re-evaluation of your dependency status, provide the following information so that the Financial Aid Office may make this determination.

A financial aid administrator may override a student's dependency status because of "other unusual circumstances" that exist in the family, which cause parents to be unable to assist the dependent student with his/her educational expenses. "Unusual circumstances" may include, but are not limited to:

- Student has been a victim of domestic violence and no longer resides with parents;
- Student has been part of an abusive family environment (e.g., sexual, physical or mental abuse);
- Abandonment by parents (i.e., no contact for one year and no support for at least one year);
- Incarceration or institutionalization of both parents; or
- Death of both parents (or death of only parent in a single family household)

The following circumstances **<u>DO NOT</u>** merit a dependency override:

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

The law also requires that the determination of a dependency override be made each award year. The determination of independence for one year does not mean that the student would automatically be an independent student in a subsequent award year. The financial aid administrator must re-affirm in subsequent years that the conditions for determining the student to be independent continue to exist.

Please note that the determination by a financial aid administrator at another institution that a student should be considered independent is not binding on ETBU.

If you believe you have an unusual circumstance that would qualify you as independent from your parents, you are REQUIRED to complete the following:

- 1. <u>Request for Change of Dependency</u> (attached)
- 2. <u>Personal Letter</u> (attached) A letter stating your extenuating circumstances, what has caused you to become independent from your parents, when you became independent and how you have provided for your own necessities (shelter, food, clothing, transportation, medical care, etc.).
- 3. <u>Professional Letter</u> A letter on letterhead from a guidance counselor, teacher, coach, physician, social worker, clergy, or other individuals who have been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow-up questions.
- 4. <u>Reference Letters</u> (attached) Two reference letters from third parties (friend, aunt, uncle, siblings, grandparents, etc.) who personally have knowledge of your situation and who can verify your circumstances.
- 5. Signed copies of your 2020 and 2021 federal tax returns. If a tax return was not filed, submit a statement of nonfiling from the IRS.

All of the required information must be received before an evaluation can be determined.



2022-23 Dependency Override – Personal Letter

Student Name		
Current Address		
EMAIL address		
I have lived at this address since: Month	Day	Year
Describe your current relationship (even if it is non-existent) with	your parent(s)	
Provide the date and place of your last contact with your parent(s)		
Provide information on how you have been supported (who you h amount of support that has been provided to you, and any kind of	nave been living with a	nd for how long, the kind and

Certification Statement:

I certify that all of the information reported is true and complete to the best of my knowledge. I understand that if all of the information requested is not supplied, my request will be denied.

Student's Signature

Date

Return this form and any attachments to: Office of Financial Aid – East Texas Baptist University | One Tiger Drive, Marshall, TX 75670 | Phone: 903-923-2138 Email: <u>financialaid@etbu.edu</u> | Fax: 903-934-8120



2022-23 Dependency Override – Reference Letter #1

Applicant's Name	
How long have you known the applicant?	
What is your relationship to the applicant?	
To your knowledge, does the applicant receive any financial support from pa	arents? Yes No
Please provide a detailed statement that explains your knowledge of the app to change his/her dependency status for financial aid purposes. Include info parents, why they are unable to contribute to the applicant's education, and a applicant's situation as out of the ordinary. You may use the back of this fo	rmation regarding the applicant's relationship with his/her any additional information that will distinguish the
I certify that the information reported is true and complete to the best of my further information or clarification.	knowledge. I understand that I may be contacted for
Name of Reference	Relationship
Signature of Reference	Date
Address City	/State/Zip
Best time to contact you Work Phone	

Return this form and any attachments to: Office of Financial Aid – East Texas Baptist University | One Tiger Drive, Marshall, TX 75670 | Phone: 903-923-2138 Email: <u>financialaid@etbu.edu</u> | Fax: 903-934-8120



2022-23 Dependency Override – Reference Letter #2

Applicant's Name	
How long have you known the applicant?	
What is your relationship to the applicant?	
To your knowledge, does the applicant receive any financial support fr	om parents? Yes No
Please provide a detailed statement that explains your knowledge of the to change his/her dependency status for financial aid purposes. Include parents, why they are unable to contribute to the applicant's education, applicant's situation as out of the ordinary. You may use the back of the	e information regarding the applicant's relationship with his/her and any additional information that will distinguish the
I certify that the information reported is true and complete to the best of further information or clarification.	f my knowledge. I understand that I may be contacted for
Name of Reference	Relationship
Signature of Reference	Date
Address	City/State/Zip
Best time to contact you Work Phone	Home Phone