

UNUSUAL CIRCUMSTANCE 2023-24 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. Request for Change of Dependency (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 2021 and 2022 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.

2023-24 Unusual Circumstances – Personal Letter

Student Name	Date of Birth			
Current Address	City/State/Zip			
EMAIL address				
I have lived at this address since: Month	Day Year			
Describe your current relationship (even if it is non-exist	tent) with your parent(s)			
Provide the date and place of your last contact with your	r parent(s)			
Provide information on how you have been supported (wamount of support that has been provided to you, and an	who you have been living with and for how long, the kind and my kind of income you have earned or will earn)			
Certification Statement: I certify that all of the information reported is true and contact the information requested is not supplied, my request with	omplete to the best of my knowledge. I understand that if all of all 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



2023-24 Unusual Circumstances – 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 pare	rents? Yes No
to change his/her dependency status for finance	ial aid purposes. Include informe applicant's education, and any	cant's unusual circumstances that has prompted a required mation regarding the applicant's relationship with his/lay additional information that will distinguish the m if additional space is needed.
I certify that the information reported is true ar further information or clarification.	nd complete to the best of my kn	nowledge. I understand that I may be contacted for
Address		
Name of Reference		Relationship
Signature of Reference		Date
	City/S	State/Zip
Rest time to contact you	Work Phone	Home Phone



2023-24 Unusual Circumstances – 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 from parents? Yes	No
Please provide a detailed statement that explains yo to change his/her dependency status for financial ai parents, why they are unable to contribute to the apapplicant's situation as out of the ordinary. You m	id purposes. Include information regarding the apoplicant's education, and any additional information	oplicant's relationship with his/her on that will distinguish the
I certify that the information reported is true and co- further information or clarification.	omplete to the best of my knowledge. I understan	d that I may be contacted for
Address		
Name of Reference	Relationship	
Signature of Reference	Date	
	City/State/Zip	
Best time to contact you		Iome Phone
Dest time to contact you	1.016.11016	