

Student Name: \_\_\_\_\_ St ID:   A  \_\_\_\_\_



**2022-2023 REQUEST FOR DEPENDENCY OVERRIDE**

NAME: \_\_\_\_\_ Student ID# \_\_\_\_\_

Date: \_\_\_\_\_ Student SS# \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

The U. S. Department of Education has a definition of independent status that is different from, and should not be confused with, the **IRS definition of independence**. The Office of Student Financial Services **must** use the Department of Education’s definition for a student’s dependency status. An institution may use professional judgment to override this status but justification and adequate documentation is required.

**You are considered an independent student for financial aid purposes if you meet one of the following conditions for the 2022-2023 academic year:**

- You will be 24 years old by December 31, 2020 (born before January 1, 1999).
- You are currently active duty military or are a veteran of the U. S. Armed Forces.
- You are a graduate student enrolled in a master’s or doctorate program.
- You are married.
- You have children, or other legal dependents (other than a spouse), who receive more than half of their support from you.
- You are a ward of the court or both of your parents are deceased.
- You are (1) an emancipated minor, (2) have a legal guardian determined by the court, or (3) are an unaccompanied youth who is/was homeless. (All documentation must be on file within the Office of Student Financial Services.)

**Note:** If you meet **one** of the above conditions you do not need to complete this form.

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### ***REASONS FOR REQUEST***

If you would like the Office of Student Financial Services to consider a dependency override, which eliminates the requirement for parental information on the FAFSA, you must be able to **explain** and **document** the circumstance(s). Many students feel that they are independent because they currently live on their own or because their parents no longer claim them on their income tax return. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal, and a student will not be made independent solely because **he/she is self-supporting**; is **unwilling to accept parental assistance**; or because a **parent is unwilling** to provide the financial data or support; nor will Lawson State Community College make a student independent based on the student being declared independent by another college or university.

The Office of Student Financial Services is required to consider parent information and expects a parental contribution for students who are not independent according to the FAFSA definition unless exceptions are made. **Exceptions are made only when adequate documentation of extenuating circumstances exist.** Extenuating circumstances are generally defined by a student's inability to have contact with his/her parents. Review the reasons for appeal below and check the one that describes your circumstance.

**If none of these circumstances apply to your situation, do not complete this form.**

Circumstances within your family prevent you from obtaining parents' financial information;

An abusive home situation (physical, psychological, sexual) which is detrimental to your physical or mental well-being;

Abandonment by both parents;

History of parental alcohol or drug abuse;

Incarceration of the custodial parent;

Death of a parent after filing the FAFSA, and the surviving parent meets one of the conditions listed above.

### ***DOCUMENTATION***

Attach a personal statement of circumstance which completely and explicitly explains the basis of your request. Please note that your statement will be used only to determine if a dependency override should be granted; the information will remain confidential. Additional documentation is required and must verify the family circumstances described in your personal statement. **Acceptable** sources are: school guidance counselor, medical doctor, mental health professional, teacher or professor, attorney, law enforcement officer, social worker, officer of the court, clergy.

Signed statements from family and/or friends may be submitted as supporting documentation. If the dependency override is being requested due to the death of a parent, a copy of the death certificate and/or newspaper obituary is required. **If your last name is different from your parent's**, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstance which proves your relationship.

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**Unacceptable sources of documentation include:**

1. Proof of house/apartment lease and/or bills in your own name;
2. Income of parent(s) that made student ineligible for financial aid;
3. Statement from parent(s) that the student is not claimed as a federal income tax exemption and will not receive any parental assistance for college and/or living expenses.

**Monthly Expenses**

<b>EXPENSE</b>	<b>MONTHLY COST</b>	<b>WHO PAYS /RESPONSIBLE PARTY</b>
Housing	\$ _____	_____
Utilities	\$ _____	_____
Food	\$ _____	_____
Tuition/Education	\$ _____	_____
Transportation	\$ _____	_____
Medical	\$ _____	_____
Personal	\$ _____	_____

**Resources**

**Calendar Year 2020**

**Income earned from work:** \$ \_\_\_\_\_

**Untaxed Income:** \$ \_\_\_\_\_ **Source:** \_\_\_\_\_

**Cash Support received from parents** \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_ **Source:** \_\_\_\_\_

**Calendar Year 2021**

**Income earned from work:** \$ \_\_\_\_\_

**Untaxed Income:** \$ \_\_\_\_\_ **Source:** \_\_\_\_\_

**Cash Support received from parents** \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_ **Source:** \_\_\_\_\_

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**STUDENT CERTIFICATION-Read Carefully Before You Sign**

\_\_\_\_\_ **By signing this form, I certify that all information included in this request for a dependency override is true and complete. I understand that if I am found to have knowingly or intentionally given false, misleading or fraudulent statements and/or documentation, my request will be denied, and my eligibility for aid jeopardized at Lawson State Community College.**

**NOTE: DEPENDENCY OVERRIDES ARE APPROVED ON AN ANNUAL BASIS. YOU WILL HAVE TO UPDATE YOUR INFORMATION AND SUBMIT A NEW REQUEST EACH YEAR. APPROVAL IS NOT AUTOMATIC.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY:**

**Comments:**

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_____

Student Name: \_\_\_\_\_ St ID: A \_\_\_\_\_

**If you believe, due to unusual circumstances, you should be considered for financial assistance as an independent student, outline below your basis for this belief. Submit this form along with any supporting documentation you feel pertinent to your situation.**

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By signing this document, I certify that all the information provided to Lawson State Community College to complete my financial aid package is correct.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please return form and supporting documentation to:*

**Bessemer Campus**  
Student Financial Services  
(205) 929-3423

**Birmingham Campus**  
Student Financial Services  
(205) 929-6380

FAX: (205) 424-5119

[www.lawsonstate.edu](http://www.lawsonstate.edu)

FAX: (205) 925-3716