**INDOVR** 



## 2015-2016 Petition for a Dependency Override

Student's Name (please print):	TUID:
age of 24 and answered "No" to the dependency ques	of Education you are a Dependent student if you are under the stions on the FAFSA. We do recognize that there are special in parents' information. For this reason we offer the Petition
The following may constitute an acceptable cir	cumstance for the purpose of a Dependency Override:
Abandonment by parents	
<ul><li>An abusive family environment that three</li><li>The student being unable to locate his p</li></ul>	
Please note that we are unable to ta	ke into consideration the following reasons:
Parent refusal to contribute to the studer	nt's education.
<ul> <li>Parent unwillingness to provide information</li> </ul>	tion on the FAFSA
<ul> <li>Parent unwillingness to provide income</li> </ul>	verification documentation.
<ul> <li>Parent does not claim the student as a de</li> </ul>	ependent for income tax purposes.
Student demonstrates total self-sufficient	acy.
Please select the option that applies to you:	
☐ Initial Request:	
o If you have never been approved for	a Dependency Override in prior academic years at Temple
University please complete Sections	A and C
☐ Renewal Request:	

## **Section A – Initial Request:**

complete Sections B and C

In order for the Office of Student Financial Services (SFS) to consider you for a Dependency Override, you must complete this form and provide the following documentation:

o If you have previously been approved for a Dependency Override at Temple University please

- 1. Submit the 2015-2016 Free Application for Federal Student Aid (FASFA) (preferably by the March 1st priority filing deadline).
- 2. Write a personal letter requesting consideration for independent status which outlines your extenuating family circumstances. Please include the following:
  - The whereabouts of your biological father and his current living arrangements. Include any contact you had with your biological father and the frequency of contact with him over the past year.

Studen	t's Name (please print): TUID:			
	<ul> <li>The whereabouts of your biological mother and her current living arrangements. Include any contact you had with your biological mother and the frequency of contact with her over the past year.</li> <li>Why you cannot provide parental financial information on the 2015-2016 Free Application for Federal Student Aid (FAFSA).</li> <li>Your living arrangements over the past year. With whom have you resided? Who has provided financial support to you during the past year?</li> <li>Your name, TUID and signature.</li> </ul>			
3.	3. A copy of your 2014 Federal Income Tax Return Transcript, if you filed taxes. This can be requested online at <a href="www.irs.gov">www.irs.gov</a> Please also include copies of all 2014 W-2 forms.			
4.	The Temple University Independent Verification Worksheet available at <a href="http://sfs.temple.edu/forms">http://sfs.temple.edu/forms</a>			
5.	. Third party documentation is required. Include documentation you feel will support your appeal for independent status; for example, court orders of permanent status (not temporary), death certificates, verification of incarceration and letters from school counselors, clergy or family physicians may be appropriate. Letters from friends and family members are usually not acceptable. Note: This form will be returned to you with a request for supporting documentation if none is provided.			
6.	Did anyone claim you on their 2014 Federal Income Tax Return?  NO YES – Person's Name: Relationship to you:			
7.	Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2014?  □ NO			

## Section B - Renewal Request

The Office of Student Financial Services may ask for supporting documentation and further clarification of the special circumstances you reported even if you were approved for a Dependency Override in a previous academic year/term.

☐ YES – Name of source(s):\_\_\_\_\_\_ Amount per month: \_\_\_\_\_

Number of months benefit was received in 2014:\_\_\_\_\_

- 1. Write a personal letter requesting consideration for continued independent status outlining your family circumstances and educational plans.
  - The whereabouts of your biological father and his current living arrangements. Include any contact you had with your biological father and the frequency of contact with him over the past year.
  - The whereabouts of your biological mother and her current living arrangements. Include any contact you had with your biological mother and the frequency of contact with her over the past year.
  - Why you cannot provide parental financial information on the 2015-2016 Free Application for Federal Student Aid (FAFSA).
  - Your living arrangements over the past year. With whom have you resided? Who has provided financial support to you during the past year?
  - Your name, TUID and signature.

Student's Name (please print):			TUID:		
2. A	cademic year original documentation su	ıbmitted:			
3. Di	id you resume living with your biologic  Yes No	al or adoptive parent(s) in the pa	st year or current year?		
4. W	Till your biological or adoptive parent(s)  ☐ Yes ☐ No	or another person claim you as	a dependent in 2014?		
	id your biological or adoptive parent(s) of your college expenses including room  Yes  No		cash or contribute to paying for any		
Req	uired Documentation for Renewal Re	equests:			
	. Submit the 2015-2016 Free Application for Federal Student Aid (FASFA) (preferably by the March 1st priority filing deadline).				
(	2. Attach a typed personal statement with your name, TUID number, date, and signature summarizing your current situation and any changes that have occurred in your situation since you were originally granted a dependency override.				
SEC	TION C – Affirmation and Certifica	tion:			
my k	igning this document, I certify that all is knowledge. Providing inaccurate or fals yment of financial aid. I also understates of the Office of Student Financial	e information may result in the d and that I may submit only one	enial, reduction, withdrawal and/or		
addi supp	se note that a request for a Professiona tional financial aid. Approval will be b ort your case. Students should be prepa e appeal decision will be sent to your T	ased on the circumstance stated oured to pay their bill if you choos	and the documentation provided to		
Stud	lent Signature:	Da	ite:		
	Main Campus Student Financial Services 1801 N. Broad Street Philadelphia, PA 19122 215-204-2244 215-204-5897 fax	Ambler Campus Student Financial Services 580 Meeting House Road 103 West Hall Ambler, PA 19002 267-468-8443 267-468-8228 fax	Health Science Campus Student Financial Services 3340 N. Broad Street Philadelphia, PA 19140 215-707-2667 267-707-2917 fax		